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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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JUL 20 2019 S. YOUNG

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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

BZ 2019 LLC (Name of Limited Liability Company) SUBJECT:

The enclosed member, resignation of dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LIAM G.M (Contact Person)

(Firm/Company)

NTIETAM

9eb, FC 33409 WBS

For further information concerning this matter, please call:

(Name of Contact Person) at (56) 685-3000 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy \$25 Filing Fee

## **STREET/COURIER ADDRESS:**

**Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

**Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## **DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: BZ 2019 LLC \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:

19000144153

3. The date this member/manager withdrew/resigned or will withdraw/resign is:  $\frac{6 15}{2017}$ 

4. I. <u>ZEWEP ERKAN</u>, hereby withdraw/resign as a (Print Name of Person Resigning)

MANAGOR (Print Titla)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)

