## L19000195594

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entry Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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我是我没有一块点的产生的多个全点的。

2020 SEP -8 PM 1:44
SEGNETARY OF STATE

JQ 10/16/20



## 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 ap	opears on the records of t	the Florida Department
of State is:	Black Rock En	ganewing LI	<u>.</u> .
	ment/registration number assign		
L 1900	0195594		
3. The date this me	mber/manager withdrew/resigned	d or will withdraw/resigr	ris: 01-07-2020
	OPADILIFA ame of Person Resigning)		
MC	Reint Title)		
of this limited lial resignation in wr	oility company and affirm the lim	nited liability company h	as been notified of my
Ed a	dotal		
Signature of Di	ssociating Member or Resigning	Manager	2020 SEP
Filing Fee:	\$25.00 (Required)		ETAR -
<del>-</del>	\$30.00 (Optional)		ASS