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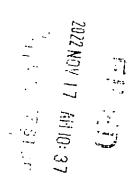
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.

Office Use Only



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A. EUTLE FEB = 8 2023

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: B3DHolding S3Development (Name of Limited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
Devereux Boutlett (Contact Person)			
BDHoldings 3 Development (Firm/Company)			
333 Lox Rd (Address)			
Sunta Rosa TSch FL 32459 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Devereux Bartlett at (850) 596 4665 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\$25\$}\$ Filing Fee & Certified Copy			

Street Address: Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Mailing Address: Registration Section

Division of Corporations

Tallahassee, FL 32314

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company a HOLDINGS & DEVELOPMEN	s it appears on the records of the Florida Department
		assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: 3/31/2022
4. I. Britton A Bartle	ft.	, hereby withdraw/resign as a
MGR		
	(Print Title)	
resignation in w	riting.	he limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	