

L19000 232 164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

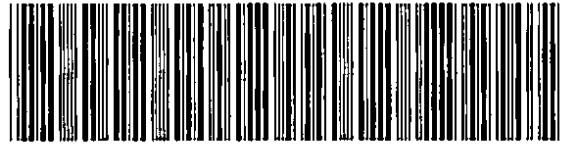
(Business Entity Name)

(Document Number)

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03/26/20--01002--020 \*\*55.00

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2020 MAR 26 AM 9:17  
Clerk of Superior Court

Resignation/ce

APR 13 2020  
I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BHHS Management LLC  
(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:

Kevin B. Ramirez

\_\_\_\_\_  
(Contact Person)

Sky Realty Investment Solutions, INC.

\_\_\_\_\_  
(Firm/Company)

13818 SW 152 Street, #380

\_\_\_\_\_  
(Address)

Miami, FL 33177

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin B. Ramirez

\_\_\_\_\_  
(Name of Contact Person)

at ( 786 ) 531-3363  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILED  
2020 MAR 25 AM 9:17  
CLERK OF THE COURT  
STATE OF FLORIDA

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: BHHS Management LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000232164

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/23/2020

4. I, Kevin B. Ramirez, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager  
*(Print Title)*

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: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)