L 2000 330 384

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

Office Use Only



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2023 MAY 26 AM 10: 12





May 13, 2023

SHAWKIE BAYDOUN 18730 NW 1ST ST PEMBROKE PINES, FL 33029

SUBJECT: BAYDOUN INVESTMENT GROUP LLC

Ref. Number: L20000330384

We have received your document for BAYDOUN INVESTMENT GROUP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

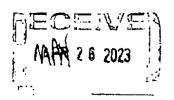
The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 823A00010958



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BAYDON INVISIMENT GIVE (Name of Limited Liability Con	VP LLC	-
The enclosed member, resignation or dissociation and fee(s	a) are submitted for filing.	
Please return all correspondence concerning this matter to:		
SHAWKIE BAYOUN (Contact Person)		
(Contact Person)	-	
BAYDOON, NUESTMEND GROWN LLC (Firm/Company)		2023 HAY 26 AM 10: 12
(Firm/Company)		AY
18730 NW 151 ST. (Address)	ガンSS	26
	- SE	
PEMBROKE PINES, FL 33029		0: 12
(City/State and Zip Code)	-	
For further information concerning this matter, please call:		
SHAWKIE BAYOURN at 313	, 418-9008	_
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$25 Filing	Department of State for: g Fee & Certified Copy	
Mailing Address: Registration Section	Street Address: Registration Section	

Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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)

	himited liability company as AMBOUN IN レギSTM &		s of the Florida Department
	ument/registration number a	ssigned to this limited lia	bility company is:
L280003		·	- 11-74.3
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	esign is:
4. I. RUBBY (Print N	3 14000 Jame of Person Resigning)	, hereby withdraw/r	resign as a
MANA GE	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	ne limited liability compa	ny has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	20:
-	\$25.00 (Required) \$30.00 (Optional)		2023 HAY 26 AH