## L21 000 185541

· (Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
- PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BRIDLE PATH HOLDINGS, LLC (Name of Limit	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
CRAIG T. GALLE, ESQ. (Contact Person)	
THE GALLE LAW GROUP, P.A. (Firm/Company)	
13501 SOUTH SHORE BLVD., SUITE 103 (Address)	
WELLINGTON, FLORIDA 33414 (City/State and Zip Code)	<del></del>
For further information concerning this matter	er. please call:
	at (561 ) 798-1708
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	o the Florida Department of State for:  ☐ \$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



## 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	e limited liability company as	s it appears on the records of	the Florida Department
of State is: BRII	DLE PATH HOLDINGS, LLC		
2. The Florida doc	ument/registration number as	ssigned to this limited liabilit	y company is:
L21000185541			
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign	n is: MAY 6, 2021
4. I, JOHN ROCCA (Print l	Name of Person Resigning)	, hereby withdraw/resig	gn as a
MANAGER	(Print Title)		
resignation in wr	bility company and affirm the iting.	ne limited liability company h	nas been notified of my
Signature of D	issociating Member or Resign	ning Manager	O ANIO: 43
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		: 43 )RIDA