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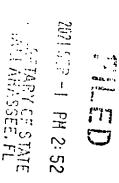
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COVER LETTER . . .

TO: Registration Section Division of Corporations
SUBJECT: BBB Properties; 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:
David M. Glassberg; Esq. (Contact Person)
Calcober & Calcoberg, P.A. (Firm/Company)
13611 S. DIXIE HWY. #109-514)
MIAMI, FL 33176 (City/State and Zip Code)
For further information concerning this matter, please call:
David M. Cslassberg at (305) 66-9535 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee S55 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 of State is:	limited liability cor $8 + 8$	npany as it appe	ars on the recor	rds of the Fl	orida I	Depart	ment	
2. The Florida docu	ment/registration n	umber assigned) 64	to this limited l	liability com	ipany i	is:		
3. The date this me	=		r will withdraw	/resign is: _	Du	345	13,2	ud,
4. 1. RODGLEC	KM. BA	KGR . 1	nereby withdraw	v/resign as a				
yn G C	Print Titles	<u> </u>						
of this limited liab resignation in wri	oility company and ting.	affirm the limite	ed liability com	pany has be	en not	ifi ca o	f my	
QM					7.118.11	1. <u> </u>	en men	
Signature of Di	ssociating Member	or Resigning M	anager	, , ,	SSFF_FI	РН 2		
Filing Fee: Certified Copy:	\$25.00 (Require \$30.00 (Option				HAIL HAIL	: 52		