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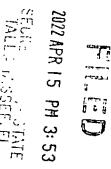
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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04/15/22--01008--021 **25.00



of 5/25/2022

COVER LETTER

TO: Registration Section Division of Corporations	•	
BMCE PROFESSIONAL SERV	VICES LLC	
	f Limited Liability C	ompany)
The enclosed member, resignation or dis	ssociation and fed	e(s) are submitted for filing.
Please return all correspondence concert	ning this matter to	o :
BETTINA MONTES		
(Contact Person)		
BMCE PROFESSIONAL SERVICES LLC		
(Firm/Company)	····	
5122 HOOK HOLLOW CIR		
(Address)		
ORLANDO FLORIDA		
(City/State and Zip Code)		<u> </u>
For further information concerning this	matter, please cal	1:
BETTINA MONTES	786	2812065
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made paya	ble to the Florida	Department of State for:
■ \$25 Filing Fee		ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

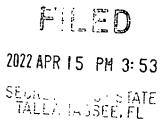
CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314







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

(Pursuant to 605.0216, Florida Statutes)

	Elimited liability company as E PROFESSIONAL SERVICES I	it appears on the records of the Florida Department.
2. The Florida doc	ument/registration number as	signed to this limited liability company is:
		igned or will withdraw/resign is: 04/01/2022, hereby withdraw/resign as a
MANAGER	(Print Title)	
	bility company and affirm th	e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ning Manager
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)	