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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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2024 JUL 11 JM II: 8 SECRETARY STAFF

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bobo's Rods & Colonited I	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Michael Birk (Contact Person)	
Birk Brothers Inc. (Firm/Company)	2024. F
7910 25th Gut East	On to 7
Sarasota, FL 34243 (City/State and Zip Code)	—————————————————————————————————————
For further information concerning this matter, p	please call:
Michael P. Birk at (Name of Contact Person)	(941) 355-1955 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$555 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee. FL 32314



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 li	mited liability company as it appears on the records of the Florida Department
	BOBO'S Reds & Customs LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
	000036400
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: Jone 38 303 9
4. I, Michael (Print Nam	Bit Hottin Holding Lichereby withdraw/resign as a
Manage	
of this limited liabil resignation in writin	ity company and affirm the limited liability company has been notified of my
Signature of Disso	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bobo's Rods 4 (Name of Limited	Customs LLC H Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Michael Birk (Contact Person)	BEALLY TALLY
Birk Brothers Inc. (Firm/Company)	TETANIA SEE TO
7910 25th Gort East	Unit 107
Sarasota, FL 34243 (City/State and Zip Code)	
For further information concerning this matter	, please call:
Michael P. Birk (Name of Contact Person)	at (941) 355-1955 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: Of \$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

CR2E079 (2/14)

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