h22000365025

(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



000393541130

SALE SALESEE FLOORING

53H1AM-

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Bear Management LLC		
(Name of L	Limited Liability C	ompany)
The enclosed member, resignation or disso	ociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to	o:
Rudy H Brown HI		
(Contact Person)		
(Firm/Company)		
303 Doris Dr.		<u> </u>
(Address)		
Lakeland F1. 33813		
(City/State and Zip Code)		
For further information concerning this m	atter, please cal	II:
Rudy Brown	at (863) 559-4291
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable	le to the Florida	Department of State for:
■ \$25 Filing Fee		ing Fee & Certified Copy
Mailing Adduses		Street Address:
Mailing Address: Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:



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	limited liability company as	s it appears on the records of the Flo	rida Depar	tment
of State is: Bear	Management LLC			 '
2. The Florida doci	ıment/registration number a	ssigned to this limited liability comp	oany is:	
L22000365025				
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 08	/24/22	
4. I, Jason Brown	ame of Person Resigning)	, hereby withdraw/resign as a		
(trini is	ame of verson Resigning)			
AMBR	<u>-</u>			
	(Print Title)			
of this limited lia resignation in wr	• • •	he limited liability company has been	n notified o	of my
- (V)	٦			
Signature of D	issociating Member or Resig	zning Manager		
	\$25.00 (Required) \$30.00 (Optional)			7822 AUG