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COVER LETTER

Division of Corporations	
SUBJECT: BMLR LLC (Name of Limited Liability Compa	ny)
The enclosed member, resignation or dissociation and fee(s) a	re submitted for filing.
Please return all correspondence concerning this matter to:	
Melissa Bird - Holder (Contact Person)	
Danny's SalooN (Firm/Company)	
16200 San Carlos BLVD	
Fort Myers FL 33908 (City/State and Zip Code)	•
For further information concerning this matter, please call:	
	246 - 2209 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Dep. ☐ \$25 Filing Fee ☐ \$55 Filing Fe	artment of State for: ee & Certified Copy
Registration Section Red Division of Corporations Di P.O. Box 6327 Th Tallahassee, FL 32314 24	reet Address: egistration Section ivision of Corporations ne Centre of Tallahassee 15 N. Monroe Street, Suite 810 illahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section



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 it appears on the	e records of the Florida Department
of State is:	BMLR LLC	.
2. The Florida doc	ument/registration number assigned to this lin	nited liability company is:
<u>L</u> 2	2000372060	
3. The date this me	mber/manager withdrew/resigned or will with	hdraw/resign is: <u>6120</u> 23
	ame of Person Resigning), hereby with	
AM	Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability iting.	y company has been notified of my
Habert Le	July T	
Signature of Di	ssociating Member or Resigning Manager	STORETAL 2023 JUN -
Filing Fee:	\$25.00 (Required)	IUN -
Certified Copy:	\$30.00 (Optional)	345
		PPO
		8: 5: