## 03000081150

	(Requestor's Name)		
	(Address)		
	,,		
	(Address)		
<del>_ · · _ ·</del>	(City/State/Zip/Phone #)		
	(City/State/Zip/Filone #)		
[] 000 H	P ☐ WAIT ☐ MAIL		
PICK-UF	WAIT MAIL		
	(Durings Falib. Massa)		
	(Business Entity Name)		
(Document Number)			
	(4		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
	-		
	ŀ		
1			
1			
ŀ	11mills		
	( 1/1/1/1/ )		
<del></del>	<del></del>		

Office Use Only



600437638086

PRECE VED

2024 OCT -8 AM 8:37

53:11 ... . - '. ...

## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: Burke Ventures, LLC		
(1	Name of Limited Liability	y Company)
The enclosed member, resignation	or dissociation and	fee(s) are submitted for filing.
Please return all correspondence c	concerning this matte	r to:
Tonya S. Burke		
(Contact Person	n)	<del></del>
Burke Ventures		
(Firm/Compan	y)	
2800 Pine Ridge Road		
(Address)		
Tallahassee, Florida 32308		
(City/State and Zip	Code)	
For further information concerning	g this matter, please	call:
Tonya Burke	850 at (	510-5250
(Name of Contact Person)		Code & Daytime Telephone Number)
Enclosed please find a check made	e payable to the Flori	ida Department of State for:
\$25 Filing Fee	■ \$55 F	Filing Fee & Certified Copy
Mailing Address:		Street 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



## 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:	, ,	s it appears on the records of the Floric	la Department
2. The Florida doc 1.23000087150	ument/registration number a	assigned to this limited liability compar	ny is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:	5/2024- }
Ramon D. Burke		, hereby withdraw/resign as a	
(Print N	Jame of Person Resigning)		:
MGR			
	(Print Title)		
resignation in w	· •	he limited liability company has been r	notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		