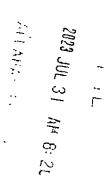


(Requestor's Name)	
(Address)	
	Address)	····
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
<u> </u>		





07/31/23--01043--004 **25.09

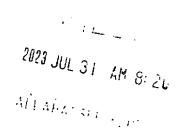




COVER LETTER

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	BG Chiwilibibi Music, LLC		
		(Name of Limit	ted Liability Co	nipany)
The en	nclosed	d member, resignation or dissocia	ition and fee(s) are submitted for filing.
Please	returr	all correspondence concerning t	his matter to:	
Jhemso	on Jocel	yn		
	•	(Contact Person)		_
BG Ch	iwilibib	i Musici, LLC		
		(Firm/Company)		_
900 Cc	oral Ridg	ge Dr Apt 204		
		(Address)		
Coral S	Springs,	FL 33071		
		(City/State and Zip Code)		_
For fu	irther i	nformation concerning this matte	r, please call:	
Jhemse	on Jocel	yn	954 at (477-0549
	(N	lame of Contact Person)		e & Daytime Telephone Number)
Enclo	sed plo	ease find a check made payable to	the Florida	Department of State for:
	5 Filin	- - -		g Fee & Certified Copy
	Maili	ng Address:		Street Address:
	Regi	stration Section		Registration Section
		sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	Talla	hassee, 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)

	e limited liability company as it appears on the records of the Florida Department Chiwilibibi Music, LLC
2. The Florida doc L23000303054	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Mona Zenhir	, hereby withdraw/resign as a lame of Person Resigning)
Manager	
·	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
1/1/20	7 192 M/~
Signature of D	issocrating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)