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## **COVER LETTER**

TO:	Registration Section Division of Corporations		•		
SUB.	B&E Unlimited Solutions LLC				
		Limited Liability C	Company)		
The e	enclosed member, resignation or disc	sociation and fee	e(s) are submitted for filing.		
Pleas	e return all correspondence concern	ing this matter to	0:		
Eddie	C Ragin				
	(Contact Person)				
Jeremi	iah 2911 Legacy LLC				202
	(Firm/Company)		<del></del>		1025 MAIK 26
371 P	orta Rosa Circle			There is a second	97 >
	(Address)	···	_	i. <del></del>	77
Saint .	Augustine FL 32092			32.	٠
	(City/State and Zip Code)		<del></del>		
For fi	urther information concerning this n	natter, please cal	<b>I</b> I:		
Eddie	C Ragin	516 at (	662-1596		
	(Name of Contact Person)		de & Daytime Telephone Number	)	
	osed please find a check made payab 5 Filing Fee		ng Fee & Certified Copy		
	Mailing Address:		Street Address:		
			Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee	0.1.0	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite	e 810	

Tallahassee, FL 32303

CR2E079 (2/14)



## 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 Florida Department
of State is: Bo	&E Unlimited Solutions LLC	
2. The Florida d	· ·	ssigned to this limited liability company is:
3. The date this	member/manager withdrew/res	igned or will withdraw/resign is:
4. I, Holly A Smit	th	, hereby withdraw/resign as a
	nt Name of Person Resigning) Ownership 50%	
	(Print Title)	
resignation in		ne limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)	2025

Certified Copy:

\$30.00 (Optional)