## 124000249035

(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:
J. HORNE
J. HORNE SEP - 6 2024

Office Use Only



200435542432

08/29/24~+01008--022 \*\*163.00

2024 AUS 29 PH 12: 29

#### **COVER LETTER**

TO:	_	stration Section sion of Corporations				
SUBJ	ECT:	BBO Financial LLC				
		(Name of Limited Liability Company)				
The er	nclosed	I member, resignation or diss	sociation and fee	(s) are submitted for filing.		
Please	return	all correspondence concern	ing this matter to	y:		
Fred A	arons					
		(Contact Person)		_		
Capital	Busine	ss Advisors LLC				
	_	(Firm/Company)				
17364 E	Boca Cl	ub Blvd 503				
		(Address)	·			
Boca R	aton, FI	_ 33487				
		(City/State and Zip Code)		_		
For fu	rther in	nformation concerning this m	natter, please call	l:		
Fred A	arons		954 at (	4715518		
	(N	ame of Contact Person)		) le & Daytime Telephone Number)		
Enclos	sed plc	ase find a check made payab	le to the Florida	Department of State for:		
□ <b>\$</b> 25				ng Fee & Certified Copy		
	Mailin	og Address:		Canada A. Ida		
		tration Section		Street Address: Registration Section		
	Divis	ion of Corporations		Division of Corporations		
		Box 6327		The Centre of Tallahassee		
	Tallal	hassee, FL 32314		2415 N. Monroe Street, Suite 810		
				Tallahassee FL 32303		

# FILED 2024 AUG 29 PM 12: 29 1. 0. 1. 1. 1. F.S. A.L.



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

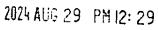
### DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of to	he limited liability company as it appears on the records of the Florida Department O Financial LLC
	ocument/registration number assigned to this limited liability company is:
4. I, Jose A. Muci	nember/manager withdrew/resigned or will withdraw/resign is:
Manager  of this limited l	(Print Title) ability company and affirm the limited liability company has been notified of my
resignation in v	ring.
Signature of I	Dissociating Member or Resigning Manager
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Options)

### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE				
	(Name of I	imited Liability Company)		
The anal	1 1	Company)		
THE ENC	iosed member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please re	Sturn off	and reo(s) are submitted for filing.		
· rouse re	eturn all correspondence concernir	ng this matter to:		
Fred Aaro				
	(Contact Person)			
Contractor				
Capitat Bus	siness Advisors LLC			
	(Firm/Company)			
	·			
17364 Boca	2 Club Blvd 503			
	(Address)			
Boca Raton,	, FL 33487			
<del>-</del>				
	(City/State and Zip Code)			
For further	information and			
	information concerning this matt	er, please call:		
Fred Aarons				
		954 4715518		
(1	Name of Contact Person)	at (		
		(Area Code & Daytime Telephone Number)		
Chelosed pr	lease find a check made payable to	the Florida Daniel		
C 323 FIII	Enclosed please find a check made payable to the Florida Department of State for:			
		■ \$55 Filing Fee & Certified Copy		
Maili	Inc. 4.11			
Regi-	ing Address: stration Section	Street Address:		
Divis	Sion of Corporati	Registration Section		
P.O	sion of Corporations Box 6327	Division of Corporations		
Talla	hassee, FL 32314	The Centre of Tallahassee		
		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		
		, 1 L JZJ0J		



等。在1. FARE



### 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 to	he limited liability company as it appears on the records of the Florida Department O Financial LLC
<del></del>	cument/registration number assigned to this limited liability company is:
	nember/manager withdrew/resigned or will withdraw/resign is: 30th of May, 2024
(Print) Manager	Name of Person Resigning), hereby withdraw/resign as a
	(Print Title)  bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)