

L24000317707

(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:

Office Use Only



000436871440

2024 SEP 20 10:08 AM '24

2024 SEP 20 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2BKS-LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Paul D Mercer
(Contact Person)

2BKS-LLC
(Firm/Company)

4003 W San Juan St
(Address)

Tampa FL 33629
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Mercer at (813) 319-6450
(Name of Contact Person) (Area Code & Daytime Telephone Number)

2024 SEP 20 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
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 limited liability company as it appears on the records of the Florida Department of State is: 2BKS-LLC

2. The Florida document/registration number assigned to this limited liability company is: 124000317707

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8-8-24

4. I, Marco I. Bona, hereby withdraw/resign as AMBR
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signed by:

8/8/2024 | 18:00 EDT

Signature of Dissociating Member or Resigning Manager

2024 SEP 20 PM 3:38
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)