

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : KANE AND KOLLUN, ATTORNEYS AT LAW
Account Number : 120080000039
Phone : (407) 661-1177
Fax Number : (407) 660-6031

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: dale@kaneandkollun.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
B.C.I. TECHNICAL SOLUTIONS, LLC

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Corporate Filing Menu

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JUN 11 2013
D. BUTLER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B.C.I. Technical Solutions, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Dale Barnett

(Contact Person)

Kane and Koltun, Attorneys at Law

(Firm/Company)

557 North Wymore Road, Suite 100

(Address)

Maitland, Florida 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Dale Barnett

(Name of Contact Person)

407

at ()

661-1177

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

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13 JUN 10 AM 11:58
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: B. C. I. Technical Solutions, LLC

2. This limited liability company was organized under the laws of:
Wyoming

3. The Florida document/registration number of this limited liability company is:
M10000000897

4. I, William M. Rogers, hereby resign as a Manager
(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.

A handwritten signature in cursive script, appearing to read "William M. Rogers", is written over a horizontal line.

Signature of Resigning Member, Managing Member or Manager

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