M13000003536

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: BC FUNDS LL C Name of Limited Liability Company					
DOCUMENT NUMBER: M13000002536					
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
SAM OSHANA Name of Person					
Name of Ferson					
Name of Firm/Company					
1221 BRICKELL AUE Address					
Address					
Miami FC 33131 City/State and Zip Code					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sam Ostrana at (786) 218 465 Name of Person at (786) Daytime Telephone Number					
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.					

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011	5, Florida Statutes, the	undersigned,		
SAMUEL CS	THANA		, hereby resigns	as	
	Name of Registered Age	ent	, notesy resigns		
Registered Agent for	IBC FUNDS	ردر			
	Name of Lin	nited Liability Company	 		·
M13000002536					
Document Nur	nber, if known				
A copy of this resignation	n was mailed to the	above listed limited lial	bility company at its l	ast known ac	idress.
The agency is terminated	and the office disco	ontinued on the 31st day	y after the date on wh	ich this state	ment is filed
	SCM	Signature of Resigning A	gent		
If signing on behalf of an					
	1	Typed or Printed Name		, Co 0 0	
			· "		·
	<u>FILING</u> \$ 85.00	Capacity FEES: Active limited liabil	lity company	SEP 28 D 3	3
	\$ 25.00	Administratively dis withdrawn limited l	ssolved/voluntarily dilability company	lissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314