

M16000000031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

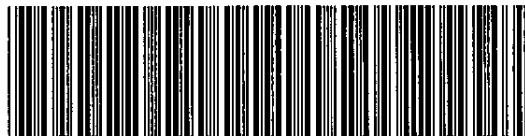
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
17 NOV 13 AM 11:29

FILED  
17 NOV 13 AM 9:44  
DIVISION OF CONSULAR AFFAIRS

O SIMMONS

NOV 14 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 905718 7292259

AUTHORIZATION :

COST LIMIT

\$ 25.00

ORDER DATE : November 9, 2017

ORDER TIME : 9:37 AM

ORDER NO. : 905718-010

CUSTOMER NO: 7292259

FICTITIOUS NAME REGISTRATION

FICTITIOUS NAME: BYO RECREATION LLC

Please file the attached registration, of the fictitious name  
shown above and return the document(s) indicated below:

☐ Certified Copy  
☒ Plain Stamped Copy  
☐ Certificate of Status

CONTACT PERSON: Roxanne Turner - Ext. 62969

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF REVENUE  
17 NOV 13 AM 11:12

## **COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BYO Recreation LLC

(Name of Limited Liability Company)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Hooker

\_\_\_\_\_  
(Name of Contact Person)

Playcore

\_\_\_\_\_  
(Firm/Company)

401 Chestnut St, Suite 410

\_\_\_\_\_  
(Address)

Chattanooga, TN 37402

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Hooker

\_\_\_\_\_  
(Name of Contact Person)

at (423)

265-7529

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is enclosed)

**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

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Clifton Building  
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Tallahassee, FL 32301

**RESOLUTION TO WITHDRAW  
ALTERNATE NAME IN THE STATE OF  
FLORIDA PURSUANT TO  
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of  
**BYO Recreation LLC**  
\_\_\_\_\_, a limited liability  
(Name of Limited Liability Company)

company duly organized and existing under the laws of Delaware  
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112,  
Florida Statutes, the limited liability company hereby renounces the following  
alternate name in the state of Florida:

**BYO Playground Structures LLC**

\_\_\_\_\_  
(Alternate Name Renounced in State of Florida)

  
\_\_\_\_\_  
Signature of Authorized Person

11/9/17  
\_\_\_\_\_  
Date

DIVISION OF CORPORATIONS

17 NOV 13 AM 9:44

FILED

**Make check payable to Florida Department of State and mail to:**

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