M22000/58/9

(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 DEHNIG			
AUG 1 : 2023			

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PART CALL SCALLES

COVER LETTER

Division of Corporations		
BG CORPORATE SERVICES (US	SA) LLC	
	mited Liability	Company)
The enclosed member, resignation or dissoc	ciation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter	to:
Alaiana / Mary		
(Contact Person)	· · · <u></u>	
BG CORPORATE SERVICES (USA) LLC		
(Firm/Company)		
1110 BRICKELL AVENUE, SUITE 310		
(Address)		_
MIAMI, FL, 33131		
(City/State and Zip Code)		
For further information concerning this mat	tter, please ca	all:
Alaiana/Mary	305	373-3007
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable \$\Boxed{\Boxes} \$25 \text{ Filing Fee}		la Department of State for: ling 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

CR2E079 (2/14)



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)

	limited liability company as	it appears on the records of the	Florida Department
2. The Florida docu M22000015819	ument/registration number a	ssigned to this limited liability o	ompany is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is	: May 1st, 2023
David to Rookho	rct		
(Print N	ame of Person Resigning)	, hereby withdraw/resign a	
President and Man			
	(Print Title)		
of this limited lial resignation in wr		ne limited liability company has	been notified of my
David te	Boekhorst		~ 2
Signature of Di	ssociating Member or Resig	ning Manager	>₹ () 0 23
	\$25.00 (Required) \$30.00 (Optional)		FILED SECRETARY OF STATE 2023 JUL -6 AMII: 3: