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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	·
(= -	<i>,</i>	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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R. White

TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: Bill of Management Inc. (Name of Corporation)
DOCUMENT NUMBER: $P 1000081 8 $
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
Billit Management Inc (Name of Firm/Company)
3500 Galt Ocean Dr #602 (Address)
Ft Lauderdale, FL 33308 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (951) 325-8746 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, adam J. Hine hereby resign as Secretary
of Bill + Minagement Inc. (Name of Corporation)
PII 6000 811 8), a corporation organized under the laws of the State of (Document Number, if known)
Florida.
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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