(City/State/Zip/Phone #)   PICK-UP WAIT   (Business Entity Name)   (Business Entity Name)   (Document Number)   Certified Copies Certificates of Status   Special Instructions to Filing Officer:	منه مر
Certified Copies Certificates of Status	
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•	TRANSMITTAL LETTER
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	nent Section n of Corporations
SUBJECT:	BC Finance, Inc.
	(Name of Corporation)
DOCUMENT	NUMBER:P13000051049
The enclosed O	fficer/Director Resignation for a Corporation and fee are submitted for filing.
Please return al	l correspondence concerning this matter to the following:
P. Trista	n Bourgoignie, Esq.
	(Name of Person)
TRISTA	N BOURGOIGNIE, P.A.
	(Name of Firm/Company)
<u>5975 SV</u>	V 72 ST, #603
<b>•••</b>	(Address)
SOUTH	MIAMI, FL 33143
	(City/State and Zip Code)
For further info	rmation concerning this matter, please call:
P. T. BO	URGOIGNIE 305 200 0350
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a ch	neck for \$35.00 made payable to the Florida Department of State.
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction Amendment Section porations Division of Corporations 2661 Executive Center Circle

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## **RESIGNATION OF OFFICER AND/OR DIRECTOR**

I, Liliana DE VITA, hereby resign my offices as Director, Treasurer, and Secretary of LBC Finance Inc., a company organized under the laws of the State of Florida. This resignation is effective as of this 13th day of May, 2016 and I affirm that the company has been notified in writing of the resignation.

5/16/2016 .

Liliana DE ΫΠΆ

Date

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