L01000000157

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusines-Entited)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Fining Onicel.

Office Use Only



900060464959

MARKOS-BILLSON *** SALIN

2005 NOV 17 PH 3: 16

3. BRYMI UULU 4 2005

J. BRYM MIN 1 8 2005



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 14, 2005

LORI ELKINS 4730 FIFTH STREET SOUTH ST. PETERSBURG, FL 33705

SUBJECT: BLUEWATER MEDIA, L.C.

Ref. Number: L01000000157



We have received your document for BLUEWATER MEDIA, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 505A00062754

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BLUEWATER MEDI/ (Name of Limited Liability Co	ompany)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or I	Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
ANDREW LATIMER (Name of Person)	
BLUEWATER MEDIA LC (Firm/Company)	2005 NO
3912 DARTMOUTH AVE N	N 17 PR
St. Perezsbuza, FL 33713 (City/State and Zip Code)	2005 NON 17 PM 3: 16 2005 NON 17 PM 3: 16 2005 NON 17 PM 3: 16
For further information concerning this matter, please call:	
ANDREW LATIMER at (B13) (Name of Person) (Area Coo) 624-7546 de & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee &

CR2E079 (8/05)

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1, LOEI ELKINS	LATIMER, hereby resign as	Manacina MEMBER (Title)
of BLUEWATER	(Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
a limited liability company organi	zed under the laws of the State of	FLORIDA ,
Lon	gning manager, managing member o)

FILING FEE IS \$25.00

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