L0200000000000054

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SECRETARY OF STATE OF STATE OF STATE OF CORPORATION

C. LEWIS

DUL 22 2014

COVER LETTER

TO: Registration Section		•
Division of Corporations		
SUBJECT: BLU SUSHI, L.L.C.		
(Name of Limi	ted Liability C	ompany)
The enclosed member, resignation or dissocia	ation and fee	e(s) are submitted for filing.
Please return all correspondence concerning to	his matter to):
PETER SCHMID		
(Contact Person)		
BLU SUSHI GULF COAST TOWN CENT	ER, L.L.C.	
(Firm/Company)		
10045 GULF CENTER DR E105		
(Address)		
FORT MYERS,FL 33913		
(City/State and Zip Code)		
For further information concerning this matter	r, please cal	1:
PETER SCHMID	at (239	\ 334-2583
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida	Department of State for
\$25 Filing Fee		ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)



SECRETARY OF STATE DIVISION OF CORPORATIONS

14 JUL -7 PM 3: 02

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
of State is: <u>Blu</u>	e Sushi, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L02000022054	
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 06/16/2014
4. I, KWOK W MA	, hereby withdraw/resign as a me of Person Resigning)
MGRM	
(Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
	ha lar
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)