

LOS000088540

2006 JAN 31 A 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

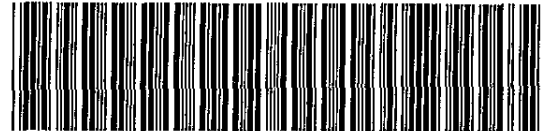
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUELAKE STUDIOS  
(Name of Limited Liability Company)

**FILED**  
2003 JAN 31 A 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAMS LUGO  
(Name of Person)

BLUELAKE STUDIOS  
(Firm/Company)

1555 S.R. 436  
(Address)

WINTER PARK FL. 32792  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAMS LUGO at 407 760 95 03  
(Name of Person) (Area Code & 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 &  
Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2005 JAN 31 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

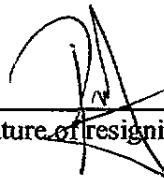
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, PABLO Jimenez, hereby resign as MEMBER (MGRM)  
(Title)

of BWELAKE STUDIOS LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member)

**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