

LD5000104932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

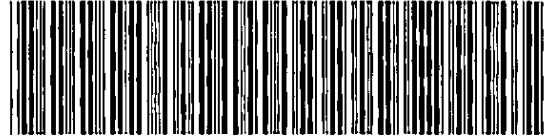
(Document Number)

Certified Copies _____ Certificates of Status _____

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11/13/18--01040--022 **25.00

Dis/Resign
member/managers

01-11-19

DC

2019 JAN - 7 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2018

BRUCE LEBEDUN
1932 GREEN LAWN DR.
ENGLEWOOD, FL 34223

SUBJECT: BLACKBURN POINT PARTNERS, LLC
Ref. Number: L05000104932

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

EACH PERSON WITHDRAWING/RESIGNING MUST COMPLETE A FORM.
THE FEE IS \$25 PER PERSON RESIGNING.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 018A00024546

RECEIVED

2019 JAN -7 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blackburn Point Partners LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Bruce Lebedev
(Contact Person)

(Firm/Company)

1932 Greenlawn Drive
(Address)

Englewood Florida 34223
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Lebedev at (941) 408 5604
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2019 JAN - 7 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FL

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Blackburn Point Partners, LLC

2. The Florida document/registration number assigned to this limited liability company is:

205000104932

3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 15, 2018
CLIFFORD W. HEGGS

4. I, [REDACTED], hereby withdraw/resign as a
(Print Name of Person Resigning)

Limited Partner
(Print Title)

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

[Signature] [REDACTED]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

Only Clifford W. Heggs