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## **COVER LETTER**

Division of Corporations	
·	
SUBJECT: Blue Horizon LLC	
(Name of	Limited Liability Company)
The enclosed member, managing membe filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ing this matter to:
David A. Shinnebarger	AP.
(Contact Person)	APR 20 AH 7: 42 CRETARY UF STATE LAHASSEE CLORID
Blue Horizon LLC	
(Firm/Company)	7: 42 LORIDA
5700 NE Island Cove Way, St	
(Address)	
Stuart, FL 34996	
(City/State and Zip Code)	
For further information concerning this r	natter, please call:
David A. Shinnebarger	at ( 772 ) 408-6883
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya \$25 Filing Fee	ble to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited lia	bility company as it appear	s on the records of	the Florida	-4	
of State is: BLUE HOR	IZON, LLC			<u> </u>	'- '- '- '- '- '- '- '- '- '- '- '- '- '
2. This limited liability compa State of Florida	any was organized under th	e laws of:	TARY OF STATE IASSEE FLORIDA	R 20 AM 7: 42	
3. The Florida document/regine L0600003657	stration number of this limi	ted liability compa	ny is:	A	**_
4. I, Michael C. Lengel	,	eby resign as a M	ember (Print Tit	·/	
of this limited liability compresignation in writing.  Signature of Resigning Mer	pany and affirm the limited		•	•	fmy
Filing Fee: \$25.00					