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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: BLUEWATER CAPITAL ASSET MANAGEMENT, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: GELPI, ARMAND (Contact Person) BLUEWATER CAPITAL ASSET MANAGEMENT, LLC (Firm/Company) 181 CRANDON BLVD #403 (Address) **KEY BISCAYNE FL 33149** (City/State and Zip Code) For further information concerning this matter, please call: at (305) 305-9800 (Area Code & Daytime Telephone Number) ARMAND GELPI (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & **| √ |** \$25 Filing Fee Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	the limited liability company as it		
2. This limited FLORID.	liability company was organized u	inder the laws of:	
3. The Florida of L070000	locument/registration number of t	his limited liability cor 	npany is:
4. I, CHARL	ES ROUNTREE	, hereby resign as a	MANAGER
(Pri	nt Name of Person Resigning)	_ , ,	(Print Title)
of this limited resignation in	liability company and affirm the writing.	limited liability compa	ny has been notified of my
Man			
Signature of F	Resigning Mémber, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy: \$30.00 (Optional)