L07000041210

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Ru	siness Entity Nam	ne)		
(50	onicoo Emily Hair	ic)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
0 11 1 1	ET OF	· · · · · · · · · · · · · · · · · · ·		
Special Instructions to Filing Officer:				
		1		
		I		
		1		
		}		





500113587235

01/09/08--01025--004 **25.00

SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blue Ink Enterprises LLC	
(Name of Limited	l Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Laura Villegas	
(Contact Person)	
	<u>. </u>
(Firm/Company)	
121 E. Enid Dr.	
(Address)	
Key Biscayne, FL 33149	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Laura Villegas	, 786 ₎ 326-4113
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing 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 (5/06) 5	





08 JAN -9 AMII: 32

SECRETARY OF STATE TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as e Ink Enterprises LLC	• •	of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu <u>L0700004</u>	ument/registration number of 1210	this limited liability con	npany is:
_{4. I,} Laura Ville	gas	, hereby resign as a	Manager
	ame of Person Resigning)	,,	(Print Title)
of this limited lial resignation in wr	bility company and affirm the iting.	e limited liability compa	ny has been notified of my
Signature of Resi	griing Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		