L07000066859

(Requ	uestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
, (Docu	 iment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue Dolphin Produce, L.L.C, (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:
Omah Leah Norris (Contact Person)
Blue Dolphin Produce (Firm/Company)
6752 Highland Pines Circle
F+. Myers, FL 339. (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 561-2856 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



March 17, 2009

OMAH LEAH NORRIS 6752 HIGHLAND PINES CIRCLE FT. MYERS, FL 33966

SUBJECT: BLUE DOLPHIN PRODUCE, L.L.C.

Ref. Number: L07000066859

We have received your document for BLUE DOLPHIN PRODUCE, L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6067.

Letter Number: 509A00008992

Neysa Culligan Regulatory Specialist II



FILED 09 MAR 31 AM 8: 46

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 it appears on the records of the Florida Department Slue Dolphin Produce, L.L.C.
	lity company was organized under the laws of:
	ment/registration number of this limited liability company is:
•	Leah Nom's, hereby resign as a MGR M ame of Person Resigning) (Print Title) willity company and affirm the limited liability company has been notified of my ting
Omea	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)