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TO: Registration Section Division of Corporations BLUE CHIP MORTGAGE WHOLESALE FUND I, LLC SUBJECT: (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: Jefferson Henn (Contact Person) BLUE CHIP MORTGAGE WHOLESALE FUND I, LLC (Firm/Company) PoBox 50223 (Address) Lighthouse Point, FL 33074 (City/State and Zip Code) For further information concerning this matter, please call: Jefferson Henn (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: **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 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it appears on the records of the Florida Department	
of State is:	JE CHIP MORTGAGE WHOLESALE FUND I, LLC	
2. The Florida doc L0700007585	nument/registration number assigned to this limited liability company is:	
MGRM of this limited lia resignation in wr	, hereby withdraw/resign as a Name of Person Resigning) (Print Title) (Print Title) (Print Title) (Print Title) (Print Title)	TILED
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	