

LD9000061799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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N. G. G. 16 JAN 12 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUE STREAK, LLC.

(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:

ANTHONY DIEGUEZ, J.D.

(Contact Person)

DIEGUEZ & ASSOCIATES, LLC.

(Firm/Company)

7950 NW 155 ST., SUITE 207

(Address)

MIAMI LAKES, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY DIEGUEZ, J.D.

305

556-4106

at ( )

(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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TALLAHASSEE FLORIDA

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 limited liability company as it appears on the records of the Florida Department  
BLUE STREAK, LLC.  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L09000061799  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/05/2016  
KAREL GOMEZ

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
VP  
\_\_\_\_\_  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)