## 109000093596

(Re	questor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



900319213579

10/15/18--01002--028 \*\*25.00

13 001 15 AH 9:58

## **COVER LETTER**

TO: Registration Section Division of Corporations		
KELTRIS BLUE, LLC SUBJECT:		
	limited Liability Con	npany)
The enclosed member, resignation or disso	ociation and fee(s	) are submitted for filing.
Please return all correspondence concernir	ng this matter to:	
Tom Tyler		
(Contact Person)		-
Thomas C. Tyler, Jr., P.A.		
(Firn/Company)		_
735 E. Venice Avenue, Suite 200		
(Address)		_
Venice, FL 34285		
(City/State and Zip Code)		_
For further information concerning this m	atter, please call:	
Tom Tyler	941	412.3451
(Name of Contact Person)	(Area Code	. & Daytime Telephone Number)
Enclosed please find a check made payabl  ■ \$25 Filing Fee	le to the Florida I \$55 Filing	Department of State for: g 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

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)

	limited liability company a	as it appears on the records of the Florida Department
2. The Florida doc L090000935	· ·	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
DETED CO		, hereby withdraw/resign as a
Manager		
resignation in w	, , ,	the limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	