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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blackjaw, LLC	
(Name of Lin	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Timothy J Herrmann	
(Contact Person)	ZOI
	ZA N
Horizon Development, LLC	ACTA VALLE
(Firm/Company)	
1900 N Bismarck Expressway	S S S
(Address)	2011 NOV - 1 PM 124 24 SEGRETARY OF STATE WILLIAM ASSEE, FLORIDA
Bismarck, ND 58501	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Timothy J Herrmann	at (239) 220-4034
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	
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 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: Bla	limited liability company as ckjaw, LLC	it appears on the records	of the Florida Department
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida doc L1000004	ument/registration number of 5136	this limited liability con	npany is:
4. I, Timothy H	errmann	, hereby resign as a	Managing Member
(Print Name of Person Resigning)		,,g	(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compar	ny has been notified of my
Signature of Res	gning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		SE FALL
Certified Copy:	\$30.00 (Optional)		SA II

CR2E079 (5/06)