L10000081358

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



500187480175

FILING CANCELLED RETURNED CHECK

11/10/10--01023--010 **25.00



C. LEWIS NOV 1 2 2010 EXAMINER Elizabeth Ann Thompson 1112 7th Street Lake Park, Florida 33403-2511 (561) 312-3739 Fax (561) 881-2168 Email- mamaba@comcast.net

November 8, 2010

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

RE: REGISTRATION # L10000081358

Dear Sir/Madam:

Please find enclosed a Resignation of Member, Managing Member....from Florida Limited Liability Company.

I am NO longer affiliated with the Company and will not be in the future, as I have withdrawn my contract with them.

Please send me a confirmation that my name has been removed either via USPS or email, both provided above.

Please forward all future correspondence in reference to this Company to the former Managing Member or the Registered Agent of record;

Michael Goelz 11431 81st Court North West Palm Beach, Florida 33412

aboth Ara Thompson

Thank you in advance for your prompt attention to this matter!

Respectfully Submitted,

Elizabeth Ann Thompson Cc: John T. Paxmon, Esq.

Michael Goelz

Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blue Skies Wellness, CCC (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:		
Michael Guelz (Contact Person)		
Blue 5 Kees Wellwess, CCC (Firm/Company)		
11431 8184 Court North West Paln Beach, FL. 33412		
West Paln Black FL. 33412 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Elizabeth Ann Thompson 312-3739 (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 \$ Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301

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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:	limited liability company as it appears on the records of the Florida Department 3 wellness, LLC.
	oility company was organized under the laws of:
3. The Florida doc	ument/registration number of this limited liability company is:
	bility company and affirm the limited liability company has been notified of my
resignation in wr	
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

Certified Copy: