Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : J.KEVIN DRAKE, P.A.

Account Number : I20020000002

Phone

: (941)954-7750

Fax Number

: (941)951-1509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACKBURN VENTURES, L.L.C.

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Registration Section

COVER LETTER

| Division of Corporations | | | | | |
|---|--|--|--|--|--|
| etta incer. | BLACKBURN VENTURES, L.L.C. | | | | |
| SUBJECT:Name of Limited Liability Company | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | emitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | | J. KEVIN DRAKE, ESQ. | | | |
| | Name of Person | | | | |
| | J. KEVIN DRAKE, P.A. | | | | |
| | Firm/Company | | | | |
| | 1432 FIRST STREET | | | | |
| | Address | | | | |
| | SA | RASOTA, FLORIDA 34236 | | | |
| | | City/State and Zip Code | | | |
| | | KE@DRAKELAWYERS.COM | | | |
| | E-mail address: (| to be used for future annual report not | ification) | | |
| For further information | concerning this matter, please c | all; | | | |
| J. KEVIN DRAKE, ESQ. | | 941 954-7750 at() | | | |
| Name | of Person | Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| <u>Mailing Address:</u> Registration Section | | <u>Street Address:</u> Registration Se | ction | | |
| Division of Corporations | | Division of Cor | Division of Corporations | | |
| P.O. Box 6327 | | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monro | e Street, Suite 810 | | |

Tallahassee, FL 32303

(((H21000363296 3)))



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

MAI SEP 28 AM 10: 17

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

(Pursuant to 605.0216, Florida Statutes)

| | VENTURES 11 C | ears on the records of the Florida Department |
|--|--------------------------------|--|
| 2. The Florida document/re Li 1000021184 | egistration number assigned | to this limited liability company is: |
| | | n will withdraw/resign is: 9-15-2021 hereby withdraw/resign as a |
| of this limited liability co resignation in writing. | | ed liability company has been notified of my |
| Signature of Dissociati | ng Member or Resigning M | 10-11-10- |
| • | 00 (Required) 00 (Optional) | |
| CR2E079 (2/14) | | |