## #1/1000046280

(Requestor'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



200212260042

09/23/11--01019--021 \*\*25.00

FILED,

11 SEP 23 PM 4: 37

K. SALY EXAMINER SEP 2 6 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Blues Channel, LLC	Cabilla Communa
(Name of Limited I	Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Raymond S. Grimm	
(Contact Person)	<del></del>
Attorney and Counselor at Law	,
(Firm/Company)	
3149 Bobcat Village Center Road	
(Address)	
North Port, FL 34288	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Raymond S. Grimm	941 , 423-7897
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee &
<del></del> -	Certified Copy
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
rananassee, riorida sesti	

CR2E079 (5/06)



FILED

11 SEP 23 PM 4: 37

DEUNE LANT OF STATE
TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		s of the Florida Department
of State is: The	Blues Channel, LLC	,	,
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu L11000046	nment/registration number of 6280	this limited liability cor	npany is:
<sub>4. I,</sub> Raymond		, hereby resign as a	Member
(Print N	ame of Person Resigning)		(Print Title)
of this limited liab resignation in wri	oility company and affirm the ting.	e limited liability compa	ny has been notified of my
Z.	~ ~		
Signature of Resi	gaing Member, Managing M	lember or Manager	
Filing Fee:	<b>√</b> \$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		