

L11 0000063438

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 26 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BluSky Assurance, LLC

(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:

Philip C. Rosen, Esq.

(Contact Person)

Bloomgarden, Goudreau & Rosen, P.A.

(Firm/Company)

8551 W. Sunrise Blvd., #208

(Address)

Fort Lauderdale, FL 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

Philip C. Rosen, Esq.

(Name of Contact Person)

at (954) 370-2222

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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

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TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department of State is: ~~Blusky Assurance, LLC~~ BLUSKY ASSURANCE, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L11000063438

4. I, Julian Lanzon, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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12 JAN 26 PM 3:46
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2012

PHILIP C. ROSEN, ESQ.
BLOOMGARDEN, GOUDREAU & ROSEN, P.A.
8551 W. SUNRISE BLVD., #208
FT. LAUDERDALE, FL 33322

SUBJECT: BLUSKY ASSURANCE, LLC
Ref. Number: L11000063438

We have received your document for BLUSKY ASSURANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number (L08000079788) and name (Blusky Assurance, LLC) do not match. Please correct accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 612A00000595