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TALLAHASSEE, FLORIDA

SEP. 2 2 2015

COVER LETTER

Registration Section TO: Division of Corporations BLUE WASP ENTERPRISES, LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: THOMAS R. HERRERA (Contact Person) PREMIER TAX AND ACCOUNTING CONSULTANTS (Firm/Company) 3662 AVALON PARK EAST BLVD SUITE 2062 (Address) ORLANDO, FL 32828 (City/State and Zip Code) For further information concerning this matter, please call: THOMAS R. HERRERA 392-1488 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as	it appears on	the record	s of the F	lorida Dep	artment
of State is:	BLUE WASP ENTERPRI	SES, LLC				·
	cument/registration number as	signed to this	s limited lia	ability cor	mpany is:	
	ember/manager withdrew/resi IA GUTIERREZ	-	withdraw/r	esign is: §	05/28/201	5
	Name of Person Resigning) MANAGER			3000	SEP 21	=
of this limited lia	(Print Title) ability company and affirm the	e limited liab	ility compa	iny has 🎉	on notified	O d of my
resignation in w	riting.			À	co ·	
Signature of D	issociating Member or Resign	ning Manager	T		. ·	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					