#4/200090884

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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K.SALY EXAMINER JAN 30 2014

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Blue Ribbon Balt, 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: |
| Richard C Smith (Contact Person) |
| Blue Ribbon Bait, LLC (Firm/Company) |
| 7004 W. Rich Ct |
| Obelle, FL 33935 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Richard C Smith at (239) 253-2882 (Area Code & Daytine 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 Clifton Building P.O. Box 6327 P.O. Box 6327 P.O. Box 6327 Callahassee, Florida 32314 Tallahassee, Florida 32301 |

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED
2014 JAN 24 PM 3: 01
SECRETARY OF STATE
FALLAHASSEE, FLORIDS

RESIGNATION OR DISSOCIATION OF MEMBER, 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: Blue Kiphon Falt, UC |
| |
| |
| 2. The Florida document/registration number of this limited liability company is: |
| L12000090884 |
| |
| 3. The date this member withdrew or will withdraw is: |
| 3. The date this member withdrew of with withdraw is: |
| 4. I, Kichard C Smth hereby resign as a Manager |
| (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 Basigning or Disconisting Manager Member |
| Signature of Resigning or Dissociating Manager, Member |
| |

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (12/13)

Filing Fee:

Certified Copy: