## L13000018192

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
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12/30/13--01002--024 \*\*25.00

## **COVER LETTER**

Division of Corporations					
SUBJECT: Blue Water Consolidators 1. LC (Name of Limited Liability Company)					
(Name of Chimes Distancy Company)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Michiel Payne (Contact Person)					
Blue Water Cousolidatore UC					
10410 NW South River Drive					
Medley FC 33178 (Gly/State and Zip Code)					
For further information concerning this matter, please call:					
Michael Payore at (305) 885.295 ( (Name of Contact Person) (Area Code & Daytime Telephone Number)					
(Name of Contact Person) (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: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations  Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314'					
Tallahassee, Florida 32301					
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CR2E079 (12/13)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Blue Locter Co		
2. The Florida docu	nment/registration number of	this limited liability com	pany is:
L13000	0018192		
3. The date this me	mber withdrew or will withd	Iraw is: 12 23	20(3
	lame of Person Resigning)		
	bility company and affirm th		
Davi	a Darlolle	N	
Signature of Re	esigning or Dissociating Ma	nager, Member	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		