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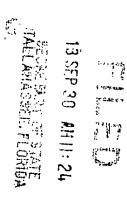
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
·	
SUBJECT: Slu Line (Name of Limited	Envestnent 29LLC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Zean Francois (Contact Person)	Sander.
Blueline Towestne	at lauc
LOS33 Bisagne	Blvd #717
Miani F1 33180 (City/State and Zip Code)	
For further information concerning this matter, p	olease call:
Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	الهابا المنافية
·	Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	Blue Live In		<del>-</del>
	nility company was organized		
	ument/registration number of	•	ıny is:
4. I, <u>Li 2a</u> (Print N	AMAR Jame of Person Resigning)	, hereby resign as a	Manager (Print Time)
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability company	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Signature of Res	igning Member, Managing N	Lember or Manager	SEP 30
-	\$25.00 (Required) \$30.00 (Optional)		MII: 21