

U3000165626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

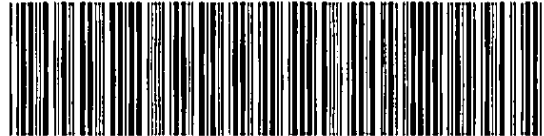
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

dissociation  
of  
member

NOV 08 2021

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUEWATER OPERATIONS, 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:

HENRY LOUDEN

(Contact Person)

BLUEWATER OPERATIONS, LLC,  
(Firm/Company)

500 S FEDERAL HWY, #1641

(Address)

HALLANDALE, FL 33008

(City/State and Zip Code)

For further information concerning this matter, please call:

HENRY LOUDEN

at 305 5150135

(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

PKID

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2021

HENRY LOUDEN  
500 S FEDERAL HWY #1641  
HALLANDALE, FL 33008

SUBJECT: BLUEWATER OPERATIONS, LLC.  
Ref. Number: L13000165626

We have received your document and check(s) totaling \$110.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 321A00025536



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 limited liability company as it appears on the records of the Florida Department  
of State is: BLUEWATER OPERATIONS, LLC.

2. The Florida document/registration number assigned to this limited liability company is: BLUEWATER OPERATIONS, LLC. / 1300065626

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/2021

4. I, HENRY LOUDEN, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER - MGR

(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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