

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FONSECA & ASSOCIATES, INC
Account Number : 120100000066
Phone : (786) 514-3837
Fax Number : (305) 223-1156

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE POINT PARKING LLC

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APR
11/24/14

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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2014 NOV 21 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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: BLUE POINT PARKING LLC

2. The Florida document/registration number assigned to this limited liability company is: L14000078726

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/15/2014

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

MGR

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

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