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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blue Kite Insight LLC		
(Name of	Limited Liability Cor	mpany)
The enclosed member, resignation or diss	sociation and fee(s	s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:	
Terri Cordova-Hewitt		
(Contact Person)		
Blue Kite Insight LLC		
(Firm/Company)		_
100 S Ashley Dr., Suite 1100		
(Address)		_
Tampa, FL 33602		
(City/State and Zip Code)		_
For further information concerning this m	natter, please call:	
Terri Cordova-Hewitt	813 _ at (919-7677
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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)

of State is: Blue Kite Insight LLC	
2. The Florida document/registration number	assigned to this limited liability company is:
3. The date this member/manager withdrew/re	esigned or will withdraw/resign is: August 13, 2018
Adrian Charles Tennant	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Managing Partner	
(Print Title)	
of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of my
Adric CE	
Signature of Dissociating Member or Resi	igning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)