U150016504/

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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blast Off Marketing Group	LLC		
	mited Liability (Company)	
The enclosed member, resignation or dissoc	ciation and fe	e(s) are submitted for fi	ling.
Please return all correspondence concerning	g this matter t	0:	
Justin O'Neill			
(Contact Person)			
Blast Off Marketing Group LLC			
(Firm/Company)			
660 Siesta Key Circle #2522			
(Address)			
Deerfield Beach, FL 33441			
(City/State and Zip Code)			
For further information concerning this ma	tter, please ca	ıll:	784.
Justin O'Neill	410 at (858-6601	2016 FEB 26
(Name of Contact Person)	(Area Co	ode & Daytime Telephone	e Namber 26
Enclosed please find a check made payable		-	or F
\$25 Filing Fee	□ \$55 Fil	ling Fee & Certified Cop	
OTDEET/COUDIED ADDDECC.		MAILING ADDD	ECO.

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)

	limited liability company as t Off Marketing Group LLC		s of the Florida Department	
2. The Florida docu L1500016504	ument/registration number as	signed to this limited lia	ability company is:	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/r	resign is:	
IC WIN CODD		, hereby withdraw/resign as a		
President	,			
of this limited lia resignation in wr	bility company and affirm the iting. issociating Member or Resignation	Wacra	SECRETARY OF STATE LORIDA	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			