## LIL 000094321

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(Address)				
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(City/State/Zip/Phone #)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: WILDBLUE M (Name of Lin	ARWE SERVICES LLC mited Liability Company)			
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to:			
LEON WATTS (Contact Person)				
(Contact Person)				
WILDBLUE MAIZ: NE SCIZ	usces uc			
· · · · · · · · · · · · · · · · · · ·				
8412 LAURELON PL (Address)				
TAMPA FL 33437 (City/State and Zip Code)				
For further information concerning this matter, please call:				
LEON WATTS	at ( 213 ) 817-6649			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable				
₹\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303



## 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	limited liability company as it appear		
of State is:	ILDBLUE MARINE SEI	wiles in	·
2. The Florida does	iment/registration number assigned to	this limited liability of	company is:
41600	0094321		
3. The date this me	inber/manager withdrew/resigned or	will withdraw/resign is	s: 01/01/202
4.1. Mark P	ame of Person Resigning). he	reby withdraw/resign a	
	Print Title)		2021
of this limited lia resignation in wr	bility company and affirm the limited iting.	liability company has	
Signature of Di	ssociating Member or Resigning Mar	nager	T. F.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		