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TO: Registration Section

CR2E079 (2/14)

Division of Corporations	
SUBJECT: Blockhead Machine LLC	
(Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Christopher Lee Lines	wa L
(Contact Person)	
Blockhead Machine	
(Firm/Company)	
3170 SE Dominica Terrace	
(Address)	
Stuart/Florida 34997	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Christopher Lee Lines 772	6349190
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$25 Filing	epartment of State for: Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 khead Machine LLC	it appears on the records of the Florida Dep	partment	
2. The Florida doci	-	ssigned to this limited liability company is:		
4. I, Christopher (Print N	Lee Lines Jame of Person Resigning)	igned or will withdraw/resign is: 11/16/16, hereby withdraw/resign as a		٠
owner/partne	(Print Title)			
of this limited lia resignation in wr		e limited liability company has been notifie	•	T
Signature of Di	ssociating Member or Resign	ning Manager	21 AM II	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AH II: 22	