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COVER LETTER

Division of Corporations Blue Run Investments, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Kristi Fox (Contact Person) (Firm Company) 21200 SW 106th Lane Rd (Address) Dunnellon, FL 34431 (City State and Zip Code) For further information concerning this matter, please call: Kristi Fox 352 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:

Registration Section



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. The name of th	e limited liability company	as it appears on the records o	of the Florida Department
of State is:	e Run Investments LLC		
2. The Florida do	cument/registration number	assigned to this limited liabil	lity company is:
81-4334839	41600/97/92	·	
3. The date this m	nember/manager withdrew/re	esigned or will withdraw/resi	Dec 31, 2018 gn is:
4. 1. David Jackson, hereby withdraw/resign as a, hereby withdraw/resign as a			ign as a
Manager			
	(Print Title)	•	
of this limited li resignation in w		the limited liability company	has been notified of my
Signature of I	Dissociating Member or Res	igning Manager	2020 APR
	\$25.00 (Required) \$30.00 (Optional)		JPR -6
cermical copy.	Section (explication)		PH