## L17000117747

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	<del>;</del> #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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03/30/18--01016--027 \*\*25.00

18 MAR 30 AN II: 43
SECRETARY OF STATE
FALL AMASSEE FLORING

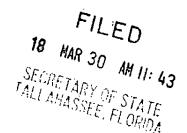
K. SALY APR 2 2018

## **COVER LETTER**

CR2E079 (2/14)

TO:	_	ration Section			
	DIVISIO	on of Corporations			
SUBJ	TECT: _	Blu n Blu			
		(Name of	Limited Liability Co	mpan	y)
The e	nclosed	member, resignation or diss	sociation and fee(	s) ar	e submitted for filing.
Please	e return a	all correspondence concerni	ng this matter to:		
		Maria Cristina Alegr	e		
		(Contact Person)		<del></del>	
		Blu n Blu			
		(Firm/Company)			
	1542	21 W Dixie HWY unit	13		
		(Address)			
		North Miami Beach, I	FL		
		(City/State and Zip Code)		<del></del>	
For fi	ırther inf	ormation concerning this m	natter, please call:		
	Maria	a Cristina Alegre	<sub>at (</sub> 786	)	325-4857
	(Na	me of Contact Person)		e & E	Daytime Telephone Number)
	sed plea 5 Filing	se find a check made payab Fee		-	rtment of State for: e & Certified Copy
STRE	EET/CO	URIER ADDRESS:		MA	AILING ADDRESS:
_	tration S			_	gistration Section
		orporations			vision of Corporations
	n Buildi	•			D. Box 6327
		re Center Circle		lal	llahassee, 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)

1. The name of the l	imited liability company as it appears on the records of the Florida Department
of State is:	Blu n Blu
2. The Florida docum	ment/registration number assigned to this limited liability company is:
L170001	17747
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 03/16/2018
4. I, Maria Bea	triz Alegre , hereby withdraw/resign as a me of Person Resigning)
	anager Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
manif Se	ote Olea
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)