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COVER LETTER

Florida, LLC

TO: Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: Blue Water Builde	ess of Northwest					
(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:						
Robert Stever (Contact Person)						
(Contact Person)						
Blue Water Bulles of North	west Flords, LIC					
4505 Misty Lane						
Lynn Haven, FL, 32444 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Robert Stevens at (850) (Name of Contact Person) (Area Co	ode & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida 2 \$25 Filing Fee	a Department of State for: ing Fee & Certified Copy					
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					



FILED

2018 OCT -4 PM 4: 52

SECHLIART OF STATE TALLAHASSEE, FL DIVISION OF CORPORATION

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability	company as it a	ppears o	n the records of the	Florida Department
					Flor.da, LLC
	_	_	ned to th	is limited liability c	ompany is:
L1700	002235	46	·		
3. The date this me	mber/manager v	vithdrew/resigne	ed or wil	l withdraw/resign is	: 7/5/18
<i>A</i> .				y withdraw/resign a	
	(Print Title)				
of this limited lia resignation in wr		ınd affirm the lir	mited lia	bility company has	been notified of my
Pur	m) /				
Signature of Di	ssoglating Mem	ber or Resigning	Manag	er	
Filing Fee:	•				
Certified Copy:	\$30.00 (Opti	onal)			