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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations		
Oceanblue Travel US, I	LLC	
	(Name of Limited Liability C	Company)
The enclosed member, resignatio	on or dissociation and fe	e(s) are submitted for filing.
Please return all correspondence	concerning this matter t	o:
Jacqueline Lopez		
(Contact Perso	on)	_
Oceanblue Travel US, LLC		
(Firm/Compa	ny)	
10851 SW 2nd Street, Apt 315		
(Address)		
Miami, FL 33174		
(City/State and Zi	p Code)	
For further information concerning	ng this matter, please ca	II:
Jacqueline Lopez	718 at (902-0446
(Name of Contact Person	ı) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made	de payable to the Florida	Department of State for:
■ \$25 Filing Fee	□ \$55 Fili	ing 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
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 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)

	limited liability company as it appears on the records of the Florida Department
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Manuel Lopez	, hereby withdraw/resign as a Name of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)