117000241774

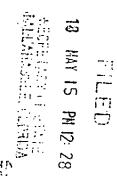
(Request	or's Name)	
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	Blue Sky Analytics		
	(Name of Lin	nited Liability Co	mpany)
The e	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Dere	k Pauley		
	(Contact Person)		_
Prac	tice Performance, LLC		
	(Firm/Company)	<u> </u>	
3211	Estancia Lane		
	(Address)		
Boyn	nton Beach, FL 33435		
	(City/State and Zip Code)		_
For fi	urther information concerning this matt	ter, please call:	:
Dere	ek Pauley	954 at (290-8918
	(Name of Contact Person)	_ · · \	e & Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section ion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
2661	Executive Center Circle		Tallahassee, Florida 32314
Tallal	hassee, Florida 32301		

CR2E079 (2/14)



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)

The name of the limited liability coof State is: Blue Sky Analytics, L.	ompany as it appears on the records of the Florida Department
2. The Florida document/registration L17000241774	number assigned to this limited liability company is:
4. I. Cours Morgenier (Print Name of Person Resignation Person Resign	hdrew/resigned or will withdraw/resign is: , hereby withdraw/resign as a
Member (Print Title)	·
of this limited liability company and resignation in writing. Signature of Dissociating Member	affirm the limited liability company has been notified of my or Resigning Manager
Filing Fee: \$25.00 (Require Certified Copy: \$30.00 (Optiona	d)