11800004681

(Re	equestor's Name)	<u>-</u>		
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: BLUESAIL GROUP LLC			
· · · · · · · · · · · · · · · · · · ·	Limited Liability Cor	npany)	
The enclosed member, resignation or dis	sociation and fee(s	s) are submitted for	or filing.
Please return all correspondence concern	ing this matter to:		
Scott Mayer			
(Contact Person)		_	
BLUESAIL GROUP LLC			
(Firm/Company)		_	
1800 W. Roscoe Street Unit 329			
(Address)		_	
Chicago/Illinois 60657			2018 HAR 12
(City/State and Zip Code)		_	NHA.
For further information concerning this r	natter, please call:		12 P
Scott Mayer	813 at (601-5243	TO: 0
(Name of Contact Person)	(Area Code	& Daytime Telepl	hone Number) 5
Enclosed please find a check made payabase \$25 Filing Fee		Department of Sta g Fee & Certified	
STREET/COURIER ADDRESS:		MAILING AD	
Registration Section		Registration Sec	
Division of Corporations Clifton Building		Division of Corp P.O. Box 6327	porations
2661 Executive Center Circle		Tallahassee Flo	rida 32314

Tallahassee, 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)

	e limited liability company as JESAIL GROUP LLC	s it appears on the records of th	ne Florida Department
2. The Florida do	_	ssigned to this limited liability	company is:
		signed or will withdraw/resign	
(Print Manager (M		, hereby withdraw/resign	ASS -
of this limited li	· · · //	ne limited liability company ha	s been notified of my
	Tyh		12 104
Filing Fee:	\$25.00 (Required)	gning Manager	
Certified Copy:	\$30.00 (Optional)		