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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
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2019 JAN 22 PH 4: 23 SECRETARY OF STAFE TALL AHASSEE FLORID



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Bluewater Builders St Pete	, LLC	
	mited Liability Co	ompany)
The enclosed member, resignation or dissoc	ciation and fee((s) are submitted for filing.
Please return all correspondence concerning	g this matter to	:
Keith Crosby		
(Contact Person)		
West Coast Accounting & Financial Se	rvices Inc.	
(Firm/Company)		_
8780 Seminole Blvd	_	
(Address)		_
Seminole, FL 33772		
(City/State and Zip Code)		_
For further information concerning this made	tter, please call	;
Keith Crosby	727 at (275-1960
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314







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 appears on the records of the Florida Department of State is: Bluewater Builders St Pete, LLC		
2. The Florida docu L1800009506	ment/registration number assigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	
4. f. William S He		
AMBR		
	Print Title)	
resignation in wri	bility company and affirm the limited liability company has been notified of my ting. ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	