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(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uiess)	
	_	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	Wait	MAIL
_		_
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· ·
Certified Copies	Certificates	s of Status
•	-	
Special Instructions to	Filing Officer:	
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SECRETARY OF SLATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blue And (Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
George Donovar	
(Firm/Company)	TALL MA
218 Wab Hill	CV 9:08
Longwood FL (City/State and Zip Code)	32779
For further information concerning this matter, p	
Cecres Donora at (Name of Contact Person)	(407) $947-0022$ (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

1. The name of the	limited liabi	lity company as it a	ppears on the records of	the Florida	Departi	nent
of State is:	3/10	Angler	LLC	·		
2. The Florida doc	ument/registr	ration number assign	ned to this limited liabili	ity company	is:	
L19	0001	24956	~ ·			
3. The date this mo	ember/manage	er withdrew/resigne	d or will withdraw/resig	gn is: <u> </u>	476	<u> 10</u> 24
4. I, ———————————————————————————————————	corce I	Resigning)	_, hereby withdraw/resi	gn as a		
	Pini Title)					
		ny and affirm the lir	nited liability company	has been not	lified of	my
resignation in wr	w l	neva_		TALL SH	2024 JUN 21	
		lember or Resigning	, Manager			
Filing Fee: Certified Copy:	-	•		<u> </u>	9: 08	• •
C CHAIRCA CODY.	330.00 (C	フレログロはロナ		(T)	, w	