120000081069

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
<u></u>					
Special Instructions to Filing Officer:					





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P/S/Resian

COVER LETTER

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJ	IECT:	Blue Herizon LLC		
		(Name of	Limited Liability Co	ompany)
The e	nclosed	I member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please	e return	all correspondence concern	ing this matter to):
Latesh	a Willia	ams		
	-	(Contact Person)	- -	_
Blue H	lerizon l	LLC		
	_	(Firm/Company)		_
826 No	orth John	n Street Suite 205		
		(Address)		_
Orland	lo FL			
		(City/State and Zip Code)		_
For fu	ırther ii	nformation concerning this n	natter, please call	1:
Latesh	a Willia	ms	407 at (535-1550
	(N	lame of Contact Person)		le & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payat	ole to the Florida	Department of State for:
	5 Filing			ng Fee & Certified Copy
		ng Address:		Street Address:
	_	stration Section		Registration Section
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
	iana	ALLENGER LAS SESTET		Tallahassee FL 32303



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)

number assigned to this limited liability company is:
ndrew/resigned or will withdraw/resign is: 10/08/2020
, hereby withdraw/resign as a ng)
 •
affirm the limited liability company has been notified of my
or Resigning Manager
ed) al)
d d