

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000228922

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRUST PAY CORPORATION
Account Number : I20140000092
Phone : (786)520-6788
Fax Number : (754)300-1545

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE CAPITAL HF GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 AUG 19 11:45

SECRETARY OF STATE
FALL AHSSET FLORE

2022 AUG 19 PM 1:07

APPROVED
AND
FILED

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **BLUE CAPITAL HF GROUP LLC**
2. The Florida document/registration number assigned to this limited liability company is: **L21000228922**.
3. The date this member/manager withdrew/resigned is: **08/19/2022**.
4. I, **ALAN F PINARGOTE SILVA**, hereby withdraw/resign as a **MANAGER** of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature



(Signature of resigning officer/director)

ALAN F PINARGOTE SILVA
MANAGER

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

