

L24 000 238 380 ^{AM}

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

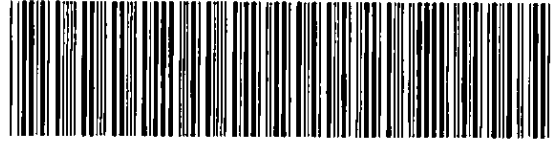
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/27/24--0.021--014 **55.00

FILED
2024 AUG 27 PM 3:00
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE HOSS RECORDS LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANTHONY KOLAKOWSKI

(Contact Person)

(Firm/Company)

108 SE 12TH CT

(Address)

CAPE CORAL, FL 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY KOLAKOWSKI 203 886-7196

(Name of Contact Person) at () (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BLUE HOSS RECORDS LLC

2. The Florida document/registration number assigned to this limited liability company is: L24000238380

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/20/2024

4. I, ANTHONY KOLAKOWSKI, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER

(Print Title)

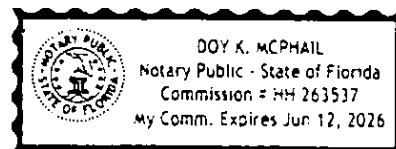
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

State of FL County of CLL
Subscribed and sworn before me on 8-20-24 (Date)

(Notary Signature)

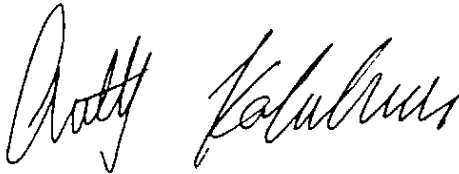


August 20, 2024

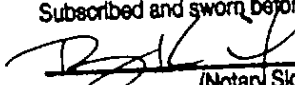
Members of Blue Hoss Records LLC
412 SOUTHWIND DRIVE, UNIT B2
NORTH PALM BEACH, FL 33408

Frank Blinkal,

Please be advised that effective immediately, I, Anthony Kolakowski, resign as a Member of Blue Hoss Records LLC in Accordance with Article III. Members Section D. of the Agreement. I do not seek compensation for my interest (25%) in Blue Hoss Records LLC.



Anthony Kolakowski

State of FL County of Lee
Subscribed and sworn before me on 8-20-24
(Date)

(Notary Signature)

