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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
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(Bu	siness Entity Nar	ne)		
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DIVISION OF CONTRACTOR

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blue Rentals, LLC	
	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	this matter to:
Nikki Koll	
(Contact Person)	
Blue Rentals, LLC	
(Firm/Company)	
225 W. Ohio Street, 6th Floor	
(Address)	
Chicago, IL 60654	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Nikki Koll	at (312) 376-2020
(Name of Contact Person)	(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
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as Rentals, LLC	it appears on the records	s of the Florida Depar	tment	
2. This limited liabil Delaware	ity company was organized	l under the laws of:			
3. The Florida docur	nent/registration number o	f this limited liability con	npany is:		
4. I, Matthew Le	onard ne of Person Resigning)	, hereby resign as a	Manager (Print Title)		
of this limited liabi	lity company and affirm thing.	e limited liability compa	ny has been notified o	of my	
Mak	21				(
Signature of Resig	ning Member, Managing N	Kember af Manager		09 MAR	11101011
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			16 AM 10:	