115000009623

| (Re | questor's Name) | |
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| (Ad | dress) | · · · · · · · · · · · · · · · · · · · |
| (Add | dress) | · - |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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2016 MAR 17 PH 1: 47

K.SALY EXAMINER MAR 22



March 2, 2016

DAVID PEERS 1115 LAKES SHORE DR. LAKE PARK, FL 33403

SUBJECT: BIG SKY RESOURCES LLC

Ref. Number: M15000009623

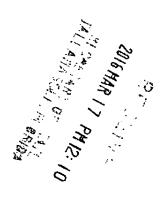
We have received your document for BIG SKY RESOURCES LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 716A00004385



COVER LETTER

| Division of Corporations | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|
| SUBJECT: BIGSKY RESOURCE (Name of Limited Liability C | CES LLC Company) | | |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to | o: | | |
| DAVID PEERS (Contact Person) | | | |
| (Firm/Company) 1115 LAKE SHORE DRIV (Address) LAKE PARK, FLORIDA 334 (City/State and Zip Code) For further information concerning this matter, please call DAVID PETERS | 403 PH 5: 21 | | |
| (Name of Contact Person) at (Area Co | de & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Filing | Department of State for: ng Fee & Certified Copy | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | | |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section





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 |
|---------------------|------------------------------------------------------------------------------------|
| \mathcal{Q} | IG SKY RESOURCES LLC |
| of State is: | 19 SKI NESOUNAS CC |
| 2. The Florida doc | ument/registration number assigned to this limited liability company is: |
| | |
| M1500 | 0009623 |
| | |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: $\frac{OZ/ZZ/Z}{20/L}$ |
| 4.1, DAVID | \ \ <i>\\\</i> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | |
| (Print N | lame of Person Resigning) |
| MGR | ρ |
| | (Print Title) |
| | (. · · · · · · · · · · · · · · · · · · · |
| of this limited lia | bility company and affirm the limited liability company has been notified of my |
| resignation in wr | |
| | \rightarrow |
| () | 8/ ₁ |
| | |
| Signature of D | ssociating Member or Resigning Manager |
| | |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |