

**F12000004295**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H17000105597 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

FILED  
17 APR 18 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL  
BLU AGE CORPORATION**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$43.75 |

\*\*\*\*\*PLEASE GIVE THE ORIGINAL SUBMISSION DATE  
AS THE FILE DATE - 4/18/17\*\*\*\*\*

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Corporate Filing Menu

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*Withdrawal*

*04-26-17*

*jc*



April 19, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLU AGE CORPORATION  
5360 LEGACY DRIVE  
SUITE 125  
PLANO, TX 75024

\*\*\*PLEASE GIVE THE ORIGINAL SUBMISSION  
DATE AS THE FILE DATE - 4/18/17\*\*\*\*\*

SUBJECT: BLU AGE CORPORATION  
REF: F12000004295

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

FAX Aud. #: H17000105597  
Letter Number: 417A00007564

RECEIVED

17 APR 20 PM 1:42

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **BLU AGE CORPORATION**

(Name of Corporation)

**DOCUMENT NUMBER:** **F12000004295**

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Anne-Christel Gueurce**

(Name of Person)

**BLU AGE CORPORATION**

(Firm/Company)

**5360 Legacy Drive, Suite 125**

(Address)

**PLANO, TX 75024**

(City/State and Zip code)

For further information concerning this matter, please call:

**Anne-Christel Gueurce**

(Name of Person)

at **972 378-4197**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is Enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**BLU AGE CORPORATION**

(Name of Corporation)

**F12000004295**

(Document Number of Corporation (If known))

**DELAWARE**

(Incorporated Under Laws of)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 APR 18 AM 8:12

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

**5360 Legacy Drive, Suite 125**

(Mailing Address)

**PLANO, TX 75024**

(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - (If in the hands of a receiver or other court appointed fiduciary, by that fiduciary))

**Christian Champagne**

(Typed or printed name of person signing)

**04/20/2017**

(Date)

**CEO**

(Title of person signing)

**FILING FEE \$35**