

L03000013345

Sam I. Reiber
LINSKY & REIBER
3821 Henderson Boulevard
Tampa, FL 33629-5013

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

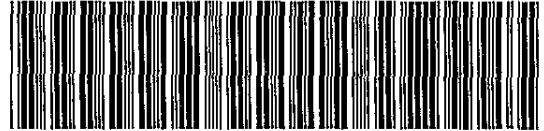
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/03/03--01009--006 **60.00

10/13/03--01068--005 **25.00

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03 OCT 28 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-3



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 17, 2003

LINSKY & REIBER
% SAM I. REIBER
3821 HENDERSON BLVD.
TAMPA, FL 33629-5013

SUBJECT: BLUE FISH, LLC
Ref. Number: L03000013345

We have received your document for BLUE FISH, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 603A00056829

RECEIVED
03 OCT 28 AM 10:44
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLUE FISH, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L03000013345

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sam I. Reiber
(Name of Person)

(Name of Firm/Company)

3821 Henderson Boulevard
(Address)

Tampa, FL 33629
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (813) 288-0420
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

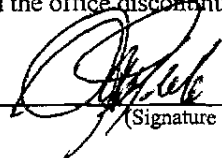
Sam I. Reiber, Esq., hereby resigns as
(Name of Registered Agent)

Registered Agent for Blue Fish, LLC
(Name of Limited Liability Company)

L03000013345
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Sam I. Reiber
(Typed or Printed Name)
Registered Agent
(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314