P03000/2/322

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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(Bu	isiness Entity Na	me)
(Do	cument Number	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Blue Components Corp. (Name of Corporation)
DOCUMENT NUMBER: <u>PO 300 0 /2 / 322</u>
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Luciano Batista (Name of Person)
Blue ConpoNeNTS Corp. (Name of Firm/Company)
1824 BANYAN CREEK Circle North
Boyton Beach FL 33436 (City/State/and Zip Code)
For further information concerning this matter, please call:
Luciano Batista at (501) 737-4836 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



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Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, PEORO CISNCIPOS (Name of Registered Agent)
hereby resigns as Registered Agent for Blue Coupon 15 Copp., (Name of Registered Agent)
PO3000121322 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which

If signing on behalf of an entity:

this statement is filed.

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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