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TO: Amendment Section Division of Corporations
SUBJECT: BL MARINE INC.
SUBJECT: BL MARINE INC. (Name of Corporation)
DOCUMENT NUMBER: F 0000003519
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ronald Fox
Name of Person)
MARINE Acressories CORPORATION (Firm/Company)
1752 HENRY G. LANE ST. (Address)
MARXVIIIR, TN 37801 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (865) 738-1584 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Amendment Section

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

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

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

BL MARINE, INC.

(Name of Corporation)
F00000003519
(Document Number of Corporation (if known)
DELAWARE (Incorporated Under Laws of)
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:
1752 HENRY G. LANE STREET (Mailing Address)
MARQUIPIR, TN 37801 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of addirector, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35