## F0400000 1876

——————————————————————————————————————	equestor's Name)	
(i ve	questor s Marrie,	
	ldress)	
(Au	uless)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<b>3</b>	
		<u></u>

Office Use Only



100054488311

05 JUN - 3 PM 2: 38

OLURETARY OF STATE
ALLARSSEE FLORIDA

05/31/05--01055--013 \*\*87.50

Signar Signar

## TRANSMITTAL LETTER

	Amendmen Division of	t Section Corporations					
SUBJEC	CT:	Blowfish	Plastics,	Inc.			
		1.0	(Nan	ne of Corporation	on)		
DOCUM	AENT NU	MBER:	F040000018	76			
The encl	osed Resig	nation of Reg	istered Agent	for a Corpora	tion and fee are s	submitted for filir	ıg.
Please re	eturn all co	rrespondence	concerning th	is matter to the	e following:		
•	_		_				
	Jeann	e E. Heltor (Name of P	erson)				
		`	•				
		Hulsey & I					
	(	Name of Firm/	Company)				
	225 W	ater Street	, Suite 18	00			
		(Addres	ss)				
	Jacks	onville, FI	32202			<u>.</u>	
-	(	City/State and	Zip Code)		-		
For furth	ier informa	tion concerni	ng this matter,	, please call:			
J	eanne E.	Helton		007	250 7700		
	(Na	me of Person)	a	it ( <u>904</u> ) (Area Code	359-7700 & Daytime Teleph	ione Number)	± /
	(- \	,		(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	oo b ay unii a a caapii		
Enclosed or \$35.0	l is a check 0 for an ad	made payabl ministratively	e to the Florid dissolved, vo	la Department luntarily disso	of State for \$87. lived or withdray	.50 for an active con corporation.	orporation
Amendar Division P.O. Box	Address: nent Section of Corpora 6327 see, FL 323	ations	Division 409 E. G	ddress: lent Section of Corporation aines Street see, FL 32399	<b>as</b>		

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•	07.0502(2), 617.0502(2), 607.1509, or 617	.1509,		
Florida Statutes, the undersigned,	Smith Hulsey and Busey			
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	Blowfish Plastics, Inc. (Name of Corporation)			ı
F0400001876 (Document Number, if known)	<u> </u>	-		~
A copy of this resignation was mailed to	o the above listed corporation at its last kno	own add	ress.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on whic	ch	
Han M	Mkn	31.1 A	05 JUN -3	
— (Ši	gnature of Resigning Agent)	¥£	≨	1
If signing on behalf of an entity:		ARY OF SSEE, I	~3 PH	m
Harı	ry M. Wilson, III	0]; IS	ស្	O
	(Typed or Printed Name)	RATE	39	
	· ·	***		
Vi	ce President			
	(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