

F-1300000000/69

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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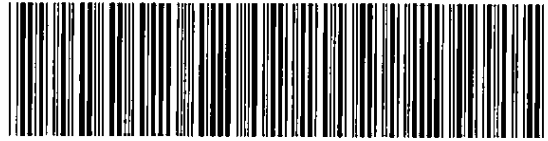
(Business Entity Name)

(Document Number)

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FILED  
AUG 7 2024  
TALLAHASSEE, FL

EST/07/24

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bluett & Associates, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** F13000000469

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:

Nat Cherry  
(Name of Person)

n/a  
(Name of Firm/Company)

3018 West Chapin Ave  
(Address)

Tamps, FL 33611  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nat Cherry at ( 813 ) 629-0080  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

REC'D - 7 PM 1:22  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Nat Cherry  
(Name of Registered Agent)

hereby resigns as Registered Agent for Bluett & Associates  
(Name of Corporation)

F13000000469  
(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  
this statement is filed.

*Nat Cherry*  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL  
JAN 17 2011 1:22 PM

**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**