F1500002955

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | (dress) | |
| (Ci | ty/State/Zip/Phone | : #) |
| PICK-UP | WAIT | |
| (Business Entity Name) | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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TO: Amendment Section Division of Corporations

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Georgiania († 11. j.). 9:31 Name of Corporation)

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SUBJECT: ____Blue Beginnings Inc

DOCUMENT NUMBER:

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person) Timothy F. Kaminski

(Firm/Company) Blue Beginnings Inc

(Address) 101 Vicenza Way

(City/State and Zip code) Venice FL 34275

For further information concerning this matter, please call:

____Timothy Kaminski______at (____608____)__235-2335______at (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Copy (Additional copy is enclosed) Enclosed)

Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

-(Name of Corporation) Blue Beginnings Inc

*(Document Number of Corporation (if known) F 15000002955

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

-(Mailing Address) 101 Vicenza Way

"(City/ State /Zip) Venice FL 34275

The corporation agrees to notify the Department of State in the future of any change in its mailing

address (Signature of a director, president or other officer - if in the hands of a

(Date) $\begin{array}{c} Q = 14 - 23 \\ receiver or other court appointed fiduciary, by that fiduciary) \end{array}$

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(Typed or printed name of person signing) (Title of person signing) FILING FEE \$35