

L01060000C'88

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Special Instructions to Filing Officer:

[illegible]

05/13/10--01016--006 \*\*25.00

FILED  
10 MAY 13 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EXAMINER**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLUE SEAS HOLDINGS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L01000000088

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAMILO ALDAMA  
Name of Person

PREC SERVICES  
Name of Firm/Company

16400 NW 59TH AVE  
Address

MIAMI LAKES, FL 33014  
City/State and Zip Code

CALDAMA@PRESTIGEBUILDERSGROUP.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAMILO ALDAMA at ( 305 ) 370-4540  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ALEJANDRO VILARELLO, P.A.

Name of Registered Agent

Registered Agent for BLUE SEAS HOLDINGS, LLC

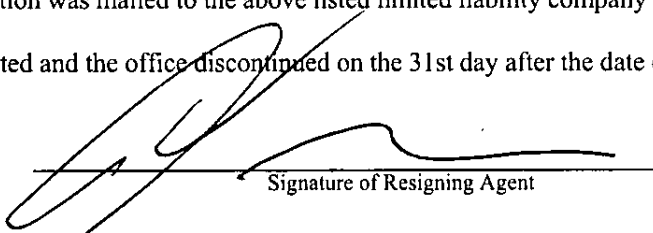
Name of Limited Liability Company

L01000000088

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Alejandro Vilarello  
Typed or Printed Name

Registered Agent  
Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

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