## 10200022054

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2014 T. CARTER

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SURI	ECT:				
<b>БОВ</b>	Name of	Limited Liability	Company		
DOCI	UMENT NUMBER: L02000022054	•	· ·		
The er		ent for a Limited	Liability Company and fee are submitted		
Please	return all correspondence concerning	this matter to tl	ne following:		
Dana	Vidussi				
	Name of Person		•		
Dana	Vidussi, CPA, P.A.				
	Name of Firm/Company		•		
<1361	Royal Palm Sq Blvd, Suite 1				
	Address	. 1 .			
Fort I	Myers, .FL 33919	·	and the second of the second o		
* <del>***</del>	City/State and Zip Code		•		
Ε.	-mail address: (to be used for future annual rep	port notification)			
For fu	rther information concerning this matt	er, please call:			
Dana	Vidussi	239 at (	278-0762		
	Name of Person	Area Code	Daytime Telephone Number		
Enclos liabilit liabilit	sed is a check made payable to the Flor y company or \$25.00 for an administra y company.	rida Departmen atively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited		
	ING ADDRESS:	STREE	ET ADDRESS:		
_	ration Section	_	Registration Section		
	on of Corporations		Division of Corporations		
	Sox 6327 -		on Building		
i allah	assee, FL 32314 C		xecutive Center Circle ssee, FL 32301		
	· .		, <i></i> .		

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida 5	Statutes, the undersigned,		
Dana Vidussi	, hereby resigns as	<b>-</b> = =	7
Name of Registered Agent	, nereby resigns as	<b>0                                    </b>	1
Registered Agent for Blu Sushi, LLC		DEC	AHA AHA
-		58.5 58.5 58.6 58.6 58.6 58.6 58.6 58.6	· · ·
Name of Limited Liability	y Company		Ċ
L02000022054		PM 3: 45	
Document Number, if known		Ä	
A copy of this resignation was mailed to the above listed.  The agency is terminated and the office discontinued on			
If signing on behalf of an envity:	of Resigning Agent		
Typed or Print	ed Name		
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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