L03000013345

Sam I. Reiber LINSKY & REIBER 3821 Henderson Boulevard Tampa, FL 33629-5013				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700023702637

11/03/03--01003--006 **60.00

10/13/03--01068--005 **25.00

O3 OCT 28 PM 2: 32
SECRETARY OF STATE.

Al 11-3



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 17, 2003

LINSKY & REIBER % SAM I. REIBER 3821 HENDERSON BLVD. TAMPA, FL 33629-5013

SUBJECT: BLUE FISH, LLC Ref. Number: L03000013345

We have received your document for BLUE FISH, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut Document Specialist

Letter Number: 603A00056829

RFCEIVED
03 OCT 28 AH 10: 44

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	• • •	-	- '- '- '- '- '- '- '- '- '- '- '- '- '-	- <u></u>
SUBJECT: BLUE FISH, LLC	A			-
`	ne of Limited Liability	Company)		
DOCUMENT NUMBER: L0300001	3345			-
The enclosed Resignation of Registered for filing.	Agent for a Limited	Liability Company	and fee are submi	tted
Please return all correspondence concer-	ning this matter to the	e following:		
Sam I. Reiber			·	
(Name of Person)				
(Name of Firm/Compa	ny)			
_				
3821 Henderson Boulevard				
(Address)	· · · · · · · · · · · · · · · · · · ·	200	-	
Tampa, FL 33629		÷		
(City/State and Zip Coo	-			
` -	,	-		
For further information concerning this	matter, please call:			
	at (813)	288-0420		
(Name of Person)	(Area Code	288-0420 & Daytime Telephon	e Number)	
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	: Florida Department	of State for \$85.00	for an active limit	ed limited
Amendment Section Arr Division of Corporations Di P.O. Box 6327 40	reet Address: nendment Section vision of Corporation: 9 E. Gaines Street llahassee, FL 32399	s		·

INH\$17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.50	9, Florida Statutes, the undersigned,
Sam I. Reiber, Es	q.	, hereby resigns as
<u> </u>	(Name of Registered Agent)	
Registered Agent for _	Blue Fish, LLC	
	(Name of Limited Liability	Company)
L03000013345		
(Document Nur	nber, if known)	en de la companya de
A copy of this resignati	on was mailed to the above listed !	imited liability company at its last known address.
The agency is terminate	ed and the office discontinued on the	F C2
If signing on behalf of	an entity:	ARE IV
	Sam I. Reiber	ARY ARY
	(Typed or Printe Registered Agent	d Name) FOF P FLOST 2:
	(Capacity)	RATE 3:

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

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