

#L04000005553

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K. SALLY  
EXAMINER  
FEB 22 2012

Gardner Law

Requester's Name

1300 Thomaswood Drive

Address

Tallahassee FL 323-0070

City/State/Zip

Phone #

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1. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☒ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Blue Orchard, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000005553

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:

Garvin B. Bowden  
Name of Person

Gardner, Bist, Wiener, et al.  
Name of Firm/Company

1300 Thomaswood Drive  
Address

Tallahassee, Florida 32308  
City/State and Zip Code

garvin@gbwlegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garvin B. Bowden at ( 850 ) 385-0070  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Garvin B. Bowden

Name of Registered Agent

, hereby resigns as

Registered Agent for

Blue Orchard, LLC

Name of Limited Liability Company

L04000005553

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:

\_\_\_\_\_  
Typed or Printed 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

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TALLAHASSEE, FLORIDA