

L04000005553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

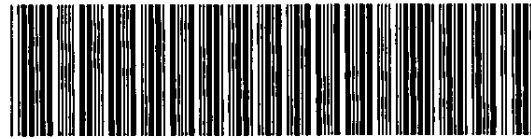
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT - 2 2013

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:

John Cox

Name of Person

Passmore & Cox, Inc

Name of Firm/Company

3129 49th Street North

Address

St. Petersburg, FL 33710

City/State and Zip Code

oneal@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Cox

Name of Person

at (727) 522-9001

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Passmore & Cox

Name of Registered Agent

Registered Agent for Blue Orchard, LLC

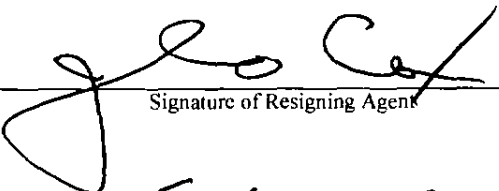
Name of Limited Liability Company

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

9/25/13

If signing on behalf of an entity:

John O Cox
Typed or Printed Name

President

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