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COVER LETTER

TO: Amendment Section Division of Corporations	•
	•
SUBJECT: Blue Heron Construction,	LLC lited Liability Company)
DOCUMENT NUMBER: L04000080454	1 (1 de l'additty Company)
	for a Limited Liability Company and fee are submitted
for filing.	<u></u>
Please return all correspondence concerning thi	-
Howard S. Weinstein, Esq.	
(Name of Person)	
Howard S. Weinstein, P.A.	TARY OF S ASSEE, FI
(Name of Firm/Company)	PH 4:41 SEE, FLORI
18851 NE 29 Ave., Suite #900	
(Address)	
Aventura, FL 33180-2847	
(City/State and Zip Code)	
For further information concerning this matter,	please can:
Howard S. Weinstein, Esq. at (Name of Person)	(305) 932-7171 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytine Telephone Number)
Enclosed is a check made payable to the Floridaliability company or \$25.00 for an administrative limited liability company.	a Department of State for \$85.00 for an active limited vely dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

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,			
Howard S Weinstein (Registered as Howard "F" Weinstein), hereby resigns as	• •		
(Name of Registered Agent)	de de	0	
Registered Agent for Blue Heron Construction, LLC)8 S	
	AT A	- P	
(Name of Limited Liability Company)	RY OF	M4 6	
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(Document Number, if known))RIE	£	
A copy of this resignation was mailed to the above listed limited liability company at its last know	n addre	ess.	
The agency is terminated and the office discontinued on the 31st day after the date on which this s (Signature of Resigning Agent)	statemer	nt is fil	led.
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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