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(Requestor's Name)	_	
. (Address)	- `	
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(Address)	•	
(City/State/Zip/Phone #)	_	
. PICK-UP WAIT MAIL		
(Business Entity Name)	-	
(Document Number)	- ;	
Certified Copies Certificates of Status	· :	
Special Instructions to Filing Officer:	7	
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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,
Clayton Levs Octon, hereby resigns as Name of Registered Agent, hereby resigns as
Registered Agent for Ble Sky Paint & Lkll paper removal LLC 300 100
Name of Limited Liability Company
LOTOOOOTOT & 3 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

Active limited liability company
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withdrawn limited liability company \$ 85.00 \$ 25.00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