

L08000031675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

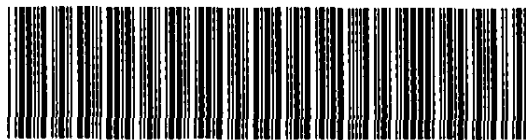
(Business Entity Name)

(Document Number)

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05/03/10--01004--015 **25.00

RECEIVED
10 MAY - 3 AM 11:45
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

B. KOHR
MAY 3 2010
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY - 3 PM 2:35

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 MAY -3 PM 2:35

CONTACT: MICHELE HOLDEN

DATE: 05/03/2010

REF. #: 000076.124050

CORP. NAME: BLUEJEAN MAFIA, LLC

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
 ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
 FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
 REINSTATEMENT MERGER WITHDRAWAL
 CERTIFICATE OF CANCELLATION
 OTHER: RESIGNATION OF REGISTERED AGENT

STATE FEES PREPAID WITH CHECK# 534770 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -3 PM 2:35

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CORPDIRECT AGENTS, INC., hereby resigns as
Name of Registered Agent

Registered Agent for _____
BLUEJEAN MAFIA, LLC
Name of Limited Liability Company

L08000031675
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:

MICHELE HOLDEN
Typed or Printed Name
ASSISTANT SECRETARY
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withdrawn limited liability company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**