

L09000024418

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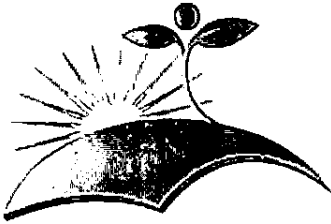
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resignation

MAY 29 2015

D. CUSHING

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314



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TALLAHASSEE, FL 32302

Only an electronic copy is needed for our files. When possible, please return filings via email to [changes@nationalcorp.com](mailto:changes@nationalcorp.com).

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUEWATER DISCOVERY LEARNING ACADEMY, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000024418

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:

Gina M. Corona  
Name of Person

National Corporate Research, Ltd.  
Name of Firm/Company

615 S. Dupont Hwy  
Address

Dover, DE 19901  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gina M. Corona at ( 866 ) 621-3524  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**National Corporate Research, Ltd.** \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_  
**BLUEWATER DISCOVERY LEARNING ACADEMY, LLC** \_\_\_\_\_  
Name of Limited Liability Company

**L09000024418** \_\_\_\_\_  
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:

**Florence Spelzhausen** \_\_\_\_\_  
Typed or Printed Name  
**Assistant Secretary** \_\_\_\_\_  
Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAY 27 AM 11:35  
FILED

**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