## L10000087097

(Re	equestor's Name)		
(Address)			
(Ad	idress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
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FEB 03 2014 G. CARROTHERS



January 26, 2015

Florida Department of State Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: Blue Marlin Motors of Stuart, LLC Document No. L10000087097

Dear Clerk:

Enclosed please find:

- 1. Cover letter.
- 2. Statement of Resignation of Registered Agent for a Limited Liability Company.
- 3. Our check in the amount of \$85.00.

Please file the Resignation of Registered Agent.

If you have any questions, please contact me.

Very truly yours,

kenneth W. Norman

Email: KAN@McCarthySummers.com

KAN/klm Enclosures

cc: Mr. Craig B. Danzig w/enclosures (via certified mail)

Robert P. Summers, Esq. w/enclosures

MCCARTHY
SUMMERS
BOBKO
WOOD
NORMAN
BASS
MELBY P.A.
Attorneys at Law

Terence P. McCarthy \*

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Kenneth A. Norman

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Rene S. Iosco Margaret E. Wood Donna R. McMillan

\*Board Certified Real Estate Lawyer

\*\*Board Certified Wills, Trusts & Estates Lawyer

> \*\*\*Board Certified Elder Law Lauyer

†Supreme Court Certified Circuit Family Mediator

t+Supreme Court Certified Circuit Civil Mediator

## **COVER LETTER**

Registration Section Division of Corporations

TO:

BLUE MARLIN MOTORS OF STUART, LLC		
SUBJECT: BLUE MARLIN MOTORS OF STUART, LLC  Name of Limited Liability Company		
DOCUMENT NUMBER: L10000087097		
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:		
Kenneth A. Norman		
Name of Person		
McCarthy, Summers		
Name of Firm/Company		
2400 SE Federal Highway, Fourth Floor		
Address		
Stuart, FL 34994		
City/State and Zip Code		
craig@bluemartinmotorsusa.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Craig B. Danzig  Name of Person  at (772 678-4300  Area Code Daytime Telephone Number		
Name of Person at ( )		
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 limite liability company.		

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

**MAILING ADDRESS:** 

Division of Corporations

Tallahassee, FL 32314

Registration Section

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

Pursuant to the provisions of section 605.0115, Florida Statu	utes, the undersigned,
Kenneth A. Norman	, hereby resigns as
Name of Registered Agent	, ,, 133.g.is as
Registered Agent for Blue Marlin Motors of Stuart, L	LC
Name of Limited Liability Cor	mpany ,
L10000087097	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin  The agency is terminated and the office discontinued on the Signature of Re  If signing on behalf of an entity:	31st day after the date on which this statement is filed
Typed or Printed N	ame
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