

L110000-46285

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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11 AUG 11 AM 11:45
CLERK OF COURT
HALL COUNTY, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blue Skies 2011, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000046285

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:

Miodrag (Michael) Kotlasic
Name of Person

Name of Firm/Company

555 NE 15th ST. SUITE 24H
Address

MIAMI, FL 33132
City/State and Zip Code

MKOTLASIC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miodrag Kotlasic at (786) 280-4491
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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,

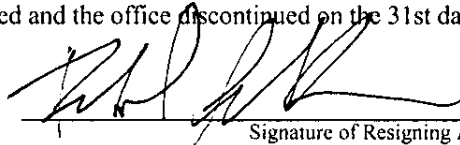
Richard S. Lehman, hereby resigns as
Name of Registered Agent

Registered Agent for Blue Skies 2011, LLC
Name of Limited Liability Company

L11 0000 46285
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

FILED
11 AUG 11 AM 11:45
TALLAHASSEE, FLORIDA

~~BY FILING THIS STATEMENT~~
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State at mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314