

L11000097666 ✓

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

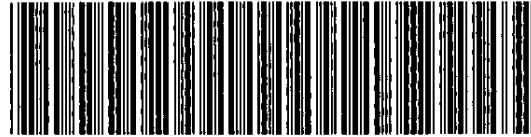
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
MAY - 2 2012  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLUE SUEDE POOLS  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000097666

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:

JASON DABNEY  
Name of Person

BLUE SUEDE POOLS LLC  
Name of Firm/Company

27430 S TWIN LAKES DR  
Address

PUNTA GORDA, FL 33955  
City/State and Zip Code

SERVICE@BLUESUEDEPOOLS.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON DABNEY at ( 941 ) 916-2505  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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12 APR 30 PM 3:30  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## 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,

PAUL MATERA

Name of Registered Agent

, hereby resigns as

Registered Agent for

BLUE SUEDE POOLS

Name of Limited Liability Company

L11000097666

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.

Paul Matera

Signature of Resigning Agent

If signing on behalf of an entity:

PAUL MATERA

Typed or Printed Name

REGISTERED AGENT / MGRM

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

12 APR 30 PM 3:30  
STATE  
TALLAHASSEE, FLORIDA