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### **COVER LETTER**

Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L12000150102	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	he following:
Michael E. O'Connor	
Name of Person	_
Morgan, Carratt & O'Connor, P.A.	
Name of Firm/Company	-
111 SE 12th Street	
Address	_
Fort Lauderdale, FL 33316	
City/State and Zip Code	-
meomco@aol.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Michael E. O'Connor 954	728-8585
Name of Person Area Code	728-8585 Daytime Telephone Number

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

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

Pursuant to the provisions of section 605.0115, Florid	a Statutes, the undersigned,
Michael E. O'Connor	, hereby resigns as
Name of Registered Agent	, , , , , , , , , , , , , , , , , , , ,
Registered Agent for BLUENRGY, LLC	
Name of Limited Liabi	lity Company ,
L12000150102	
Document Number, if known	
A copy of this resignation was mailed to the above lis	ted limited liability company at its last known address:
Alle	on the 31st day after the date on which this statement is filed.
If signing on behalf of an entity:	
Typed or Pr	inted Name
Capaci	ty

**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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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