

L12000157885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

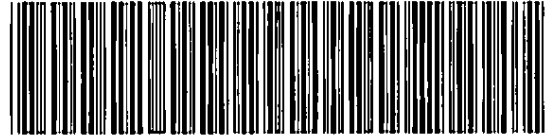
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 FEB -5 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A./R.E.S

MAR 02 2020

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Water EJ LLC

\_\_\_\_\_  
Name of Limited Liability Company

DOCUMENT NUMBER: L12000157885

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:

Joy Fledelius

\_\_\_\_\_  
Name of Person

GY Corporate Services Inc.

\_\_\_\_\_  
Name of Firm/Company

777 S Flagler Dr Ste 500E

\_\_\_\_\_  
Address

West Palm Beach, FL 33401

\_\_\_\_\_  
City/State and Zip Code

~~donjoy@gunston.com~~

unknown

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

For further information concerning this matter, please call:

Joy Fledelius

at ( 561 ) 804-4372

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

GY Corporate Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for BLUE WATER EJ, LLC

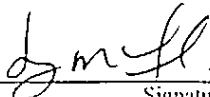
Name of Limited Liability Company

L12000157885

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:

Joy Fledelius

Typed or Printed Name

Assistant Secretary

Capacity

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED  
2020 FEB -5 PM 3:19  
TALLAHASSEE, FLORIDA  
STATE DEPT. OF  
CORPORATIONS

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