

**L13000140957**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

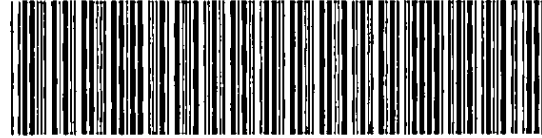
(Business Entity Name)

(Document Number)

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**2020 SEP 28 AM 10:49**

**CLERK OF STATE  
TALLAHASSEE, FL**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Bluwire New York LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

1.13000140957

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

David Mau

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

12 Retech Corporation

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

515 E Grant St

Ste 150

\_\_\_\_\_  
Address

Phoenix, AZ 85004

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

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

For further information concerning this matter, please call:

David Mau

480

3522481

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303