

L14000016529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

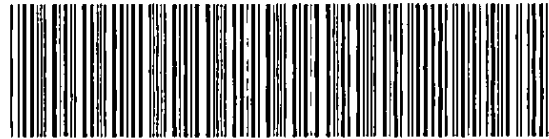
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2020 JUN 10 AM 7:44

06/11/20--01001--006 25.00

2020 JUN 10 PM 4:01

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JUN 11 2020

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATION FOR:

BLEW GROUP, LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8692      FOR: \$25.00

THANK YOU!

12/2  
2020 JUN 10 AM 7:47

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Atrium Registered Agents, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Blew Group, LLC

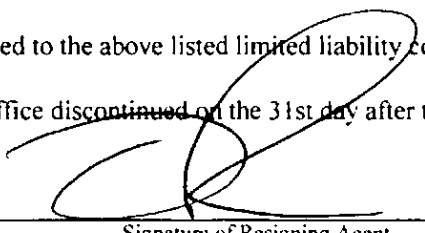
Name of Limited Liability Company

L14000016529

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:

Atrium Registered Agents, Inc.

Typed or Printed Name

Vice President

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withdrawn limited liability company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**