Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (800)221-2972

Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:\_

## LLC REGISTERED AGENT RESIGNATION BLOSSOM CAPITAL INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Help SEP 24 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: BLOSSOM CAPITAL I	NVESTMENTS L	
naci	JMENT NUMBER: L140001		nty Company
	iclosed Resignation of Register		ited Liability Company and fee are submitted
Please	return all correspondence conc	erning this matter t	o the following:
TRAC	CEE COTTON		
-	Name of Person		
BLUN	BERGEXCELSIOR CORPC	RATE SERVICE	S,
	Name of Firm/Comp	any	
16 C	OURT ST 14TH FLOOR		
	Address		<del></del>
BRO	OKLYN, NY 11241		
	City/State and Zip Co	ode	<del></del>
E-	mail address: (to be used for future an	nual report notification	<del>)</del>
For fur	ther information concerning thi	s matter, please cal	l:
TRAC	EE COTTON	800	221-2972 X1550 de Daytime Telephone Number
<del></del>	Name of Person	Area Co	de Daytime Telephone Number
liability	ed is a check made payable to the company or \$25.00 for an admy company.	ne Florida Departm ninistratively dissol	ent of State for \$85.00 for an active limited yed, voluntarily dissolved or withdrawn limited
	ING ADDRESS:		EET ADDRESS:
_	ation Section	<u>.</u>	stration Section
	n of Corporations		sion of Corporations
	O. Box 6327 Clifton Building allahassee, FL 32314 2661 Executive Center Circle		
	~~~~,		hassee, FL 32301

INHS17 (2/14)

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

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.	, hereby resigns as
Name of Registered Agent	, thoreof resigna as
Registered Agent for BLOSSOM CAPITAL INVESTMENTS LLC	<u> </u>
Name of Limited Liability Company	
L14000163677	
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.
Zernattle Dorna Agent Signature of Resigning Agent	18 SEP 2
If signing on behalf of an entity:	
ZEINA HASSOUN	1000 1000 1000 1000 1000 1000 1000 100
Typed or Printed Name	—————————————————————————————————————
ASSISTANT SECRETARY	92 27
Capacity	

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES: \$ 85.00 Active \$ 25.00 Admit