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APR 11 2017 S. YOUNG SECRETARY OF STATE LORIDA

#### **COVER LETTER**

SUBJECT: Lavender Blue LLC  Name of Limited Liability	Company	
DOCUMENT NUMBER: L15000066114		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted	
Please return all correspondence concerning this matter to the	ne following:	
Kristi Murphy		
Name of Person		
Lavender Blue		
Name of Firm/Company		
PO Box 256		
Address	* A.	- S
Fellsmere, FL 32948	PPR TO	とだって
City/State and Zip Code	5	355
lynnm3322@gmail.com	<b>P</b>	TAC
E-mail address: (to be used for future annual report notification)	သူ့ (၁၈)	SE
For further information concerning this matter, please call:	<u>ත</u> .	Ord"
Kristi Murphy 772	713-9223	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

**TO:** Registration Section Division of Corporations

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 605.011	5, Florida Statutes, the undersigned,	
Mie Powell	hereby resigns as	
Name of Registered Age	ent	
Registered Agent for Lavender Blue LLC		
Numa of Lin	nited Liability Company	,
Name of Em	med Liability Company	
L15000066114		
Document Number, if known	<del></del>	
A copy of this resignation was mailed to the	above listed limited liability company at its last known add	dress.
The agency is terminated and the office disco	ontinued on the 31st day after the date on which this staten	nent is filed.
	e Pavell Signature of Resigning Agent	
If signing on behalf of an entity:		
		X ZS
1	Typed or Printed Name	A A
	Capacity	APR 10 PM
		<b>3</b> 5 9 5
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	SHAFE FLORIDA

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