

L18000 III 852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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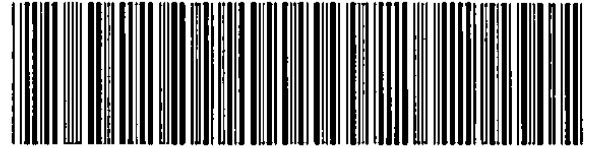
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUL 26 2019

C. Kinse-

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE STAR CARPENTRY LLC

Name of Limited Liability Company

DOCUMENT NUMBER:

11800011252

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:

RAFAEL FERRER

Name of Person

F&S PROJECTS CORP

Name of Firm/Company

1920 N COMMERCE PKWY, STE. 1920-3

Address

WESTON, FL. 33326

City/State and Zip Code

CONTACT@FANDSPROJECTS.COM

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

For further information concerning this matter, please call:

RAFAEL FERRER

Name of Person

at (

954

) Area Code

482-9681

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

F&S PROJECTS CORP

, hereby resigns as

Name of Registered Agent

Registered Agent for **BLUE STAR CARPENTRY LLC**

Name of Limited Liability Company

L18000111852

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:

RAFAEL FERRER

Typed or Printed Name

PRESIDENT

Capacity

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 19 AM 11:00

FILED

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