0F2FP2 000 297270

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

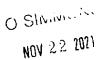
Office Use Only



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COVER LETTER

SUBJECT: Blasi and Blasi Enterprises LLC Name of Limited Liability Comp.	any
DOCUMENT NUMBER: L19000297270	
The enclosed Resignation of Registered Agent for a Limited Liabi for filing.	lity Company and fee are submitted
Please return all correspondence concerning this matter to the following	owing:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (800) 773- Area Code Dayt	0888
Name of Person Area Code Dayt	ime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 ur	ndersigned.	S
United States Corporation Agents, Inc.	, hereby resigns as	SECRE TALL
Name of Registered Agent	therety resigns as	
Registered Agent for Blasi and Blasi Enterprises LLC		20 7
		SE S
Name of Limited Liability Company		
L19000297270		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liabil	lity company at its last k	nown address.
The agency is terminated and the office discontinued on the 31st day a	after the date on which the	his statement is filed.
Signature of Resigning Age	ını.	
If signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Printed Name	· · · ·	
Asst. Secretary for United States Corporation	Agents, Inc.	
Capacity		

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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