120000109996

(Requestor's Name)
(Address)
,
(Addison)
(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



800404123168

03/10/23--01009--024 **85.00

2023 HAR TO PM 3: 15

RA Risignotion

MAY 2 4 2023 D CUSHING

COVER LETTER

Division of Corporations BLANCO BLUES L.L.C. SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: 1.20000109996 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: Ryan Potter Name of Person ZenBusiness Inc. Name of Firm/Company 336 E. College Ave. Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code RA@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ryan Potter Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	Florida Statutes, the unc	fersigned.		
REGISTERED AGENTS INC.	_ , hereby resigns as			
Name of Registered Ago		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Registered Agent for BLANCO BLUES L.L.C				
	nited Liability Company		 ·	
	, ,			
1.20000109996				
Document Number, if known				
A copy of this resignation was mailed to the	above listed limited liabilit	y company at its last known add	iress.	
The agency is terminated and the office disco	ontinued on the 31st day aff	ter the date on which this statem	nent is file	ed.
	avid Soberts			
	Signature of Resigning Agent			
If signing on behalf of an entity:				
Registered Agents Ir	ic, by David Roberts			
	Typed or Printed Name		202	
Assistant Secretary				
	Capacity	Hara	2023 MAR 10	
			. 0	4 12
CH INC	ree.	(1.5 T) (P	777
<u>FILING</u> \$ 85.00	Active limited liability	company ved/ voluntarily dissolved/	ယ္	de de
\$ 25.00	Administratively dissol withdrawn limited liab	ved/vofuntarily dissolved/**** ility company	ं	

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