L20000/86286

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SECTION IN SUBSTITUTION OF SUB

COVER LETTER

TO: Registration Section Division of Corporations

BLAZING FLASH MEDIA LLC SUBJECT:	
Name of Limited Liabi	lity Company
DOCUMENT NUMBER: L20000186286	
The enclosed Resignation of Registered Agent for a Lim for filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter t	o the following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	_
10601 Clarence Dr Ste 250	
Address	_ _
Frisco, TX 75033-3867	
City/State and Zip Code	_
ra@legalinc.com	
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, please cal	II:
Chelsca Chapman 844	386-0178
Name of Person Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the undersigned,
Legalinc Corporate Services, INC.	, hereby resigns as
Name of Registered Ager	
Registered Agent for BLAZING FLASH MED	IA LLC
Name of Lim	ited Liability Company
L20000186286	
Document Number, if known	
A copy of this resignation was mailed to the a	bove listed limited liability company at its last known address.
If signing on behalf of an entity:	Signature of Resigning Agent
Chelsea Chapman	
	yped or Printed Name
On Behalf of Legalino	: Corporate Services, INC.
	Capacity
FILING • \$ 85.00 • \$ 25.00	Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company le to Florida Department of State and mail to: Division of Corporations
Make checks payab	le to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314