h21000014825

(Requestor's Name)
(Address)
(Address)
(Modicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Efficy Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 limit officer.

Office Use Only



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COVER LETTER

SUBJECT: Blue Commerce LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000016825	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
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 (at () 773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115, Florida Statutes, the unde	rsigned,	
United States Corporation Agents, Inc. Name of Registered Agent		hereby resigns as	
	Name of Limited Liability Company		_·
L21000016825			
Document	Number, if known		
	ntion was mailed to the above listed limited liability	<u> </u>	
The agency is termina	ated and the office discontinued on the 31st day after	r the date on which this statement	is filed
	Signature of Resigning Agent	ARY OF STATE	
If signing on behalf or	f an entity:	2: L E. F.	
	Cheyenne Moseley	LE 16	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ag	ents, Inc.	
	Capacity		

\$85.00 Active limited liability company
\$25.00 Active limited liability company
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withdrawn limited liability company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