L21000057366

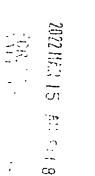
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Onfronted Light Horie II)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100383251621

03/15/22--01022--018 ++85.00



O SIMMONS MAR 25 2022

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the unders	igned,		
ROCKET LAWYER C	ORPORATE SERVICES LLC	hereby resigns as		
	Name of Registered Agent	norco, realgns as		
Registered Agent for _	BLUE FLOWER LAND & HOME SOLUTION	NS LLC		2072
			7.5	
	Name of Limited Liability Company			<u>,</u>
	· · · · · · · · · · · · · · · · · · ·		•	ST.
				-:3
L21000057366				
Document Number, if known				<u> </u>
			.4. 1	8
A copy of this resignal	tion was mailed to the above listed limited liability co	ompany at its last know	n addres	SS.
The agency is terminal	Eduna Williams Signature of Resigning Agent	the date on which this s	iatemen	t is filed.
If signing on behalf of	an entity;			
	EDNA PERRY			
	Typed or Printed Name			
	Asst. Secretary Rocket Lawyer Corporate Services LI	LC		
	Capacity			

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date: I

March 09, 2022

'AE:

Cori Ann Crosthwaite

Vendor#

1960

IEmail:

ccrosthwaite@myparacorp.com

1960

1750233

TO:

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

Return Shipping:

Ref Number:

FAX:

850-687-6381

EMAIL:

NAME:

BLUE FLOWER LAND & HOME

SOLUTIONS LLC

FILE REGISTERED AGENT RESIGNATION

State

FL

PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725