L22000053539

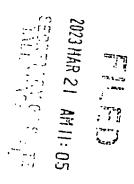
(Requestor's Name)
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(Document Number)
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Ra Risignation

JUN 02 2023

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COVER LETTER

BLUE-SERVICES INVTECH HF GROUP LLC SUBJECT:		
Name of Limited Liability	y Company	
DOCUMENT NUMBER: L22000053539		
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are	submitted
Please return all correspondence concerning this matter to t	he following:	
ANDRES HURTADO		
Name of Person	_	
PRODEZK INC		
Name of Firm/Company	-	
848 BRICKELL AVE STE 950		
Address	#	202:
MIAMI, FL 33131		E E E E D 2023 HAR 21 AM 11: 05
City/State and Zip Code	- 	2
INFO@PRODEZK.COM	(3c) (3t)	
E-mail address: (to be used for future annual report notification)	- 97.	= 0
For further information concerning this matter, please call:	577 7.2 194	20
ANDRES HURTADO +1	7869779421	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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 provi	sions of section 605.0	1115, Florida Statutes, the und	lersigned,	
PRODEZK INC, hereby resigns as				
	Name of Registered A		_,	
Registered Agent for	BLUE-SERVICES IN	VTECH HF GROUP LLC		
	Name of	Limited Liability Company		,
L22000053539				
Documen	Number, if known			
A copy of this resign	ation was mailed to th	ne above listed limited liability	y company at its la	st known address.
The agency is termin	ated and the office dis	scontinued on the 31st day aft	er the date on which	th this statement is filed.
		Signature of Resigning Agent		2023 55-54
If signing on behalf of	of an entity:			F ! 2023 HAR 2
	ANDRES HURTA	\DO		The same
		Typed or Printed Name		音門
	P			
		Capacity		98

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