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EXAMINER

COVER LETTER

	Registration Division of	n Section f Corporations			·
SUBJEC	T: Blue	Water Asset Managen			
		(Name of Fore	ign Limited Liabi	lity Corr	ipany)
Dear Sir	or Madam:				
The enck	osed withd	rawal and fee(s) are submitted	i for filing.		
Please re	turn all cor	respondence concerning this	matter to the follow	wing:	
Stephe	n E. Cu	<u></u>			
		(Name of Person)			
Thomp	son Co	burn LLP			
<u></u>		(Firm/Company)	······································		
One U	S Bank	Plaza, Suite 2700 (Address)		<u> </u>	
Saint I	Louis, M	lissouri 63101			
		(City/State and Zip Code	9)		
For furth	er informa	tion concerning this matter, p	lease call:		
Stephen E. Cupples		at (314) 5	52-6027	
	(1	Name of Person)	(Area Co	de & Day	ytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed	d is a chec	k for the following amount:			
□ \$2 5 F	iling Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy		■ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Blue Water Asset Management LLC
(Name of limited liability company)
Missouri
(Jurisdiction of its organization)
M01000002747
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
c/o Thompson Coburn LLP, One US Bank Plaza, Suite 2700 (Mailing address)
Saint Louis, Missouri 63101
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
-//st who
(Signature of member of authorized representative of a member)
Robert M. Lange
(Typed or printed name of signee)

Filing Fee: \$25.00

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