

MO7000000410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

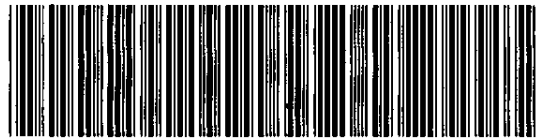
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

FEB 24 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLUE SKY SETTLEMENT SERVICES, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: MD7000000410

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN KERATSI
(Name of Person)

BOSTON NATIONAL TITLE, LLC
(Name of Firm/Company)

475 NW PRIMA VISTA BLVD
(Address)

PORT ST. LUCIE FLORIDA 34983
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN KERATSI at (617) 529-4585
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
09 FEB 23 PM 14:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

BOSTON NATIONAL TITLE, LLC

(Name of Registered Agent)

, hereby resigns as

Registered Agent for BLUE SKY SETTLEMENT SERVICES LLC

(Name of Limited Liability Company)

MO7000000410

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Boston National Title - [Signature]

(Signature of Resigning Agent)

If signing on behalf of an entity:

John Keratsis

(Typed or Printed Name)

Manager

(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

FILED
09 FEB 23 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA