(Re	equestor's Name)		
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PICK-UP	MAIT	MAIL	
(Bu	ısiness Entity Name	e)	
(	<b>,</b>	-,	
(DC	ocument Number)		
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Certified Copies	Certificates of Status		
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Consist Instructions to	Filing Officers		
Special Instructions to	Filing Officer:		
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10 DEC | 4 PH 2: 38
SECRETARY OF STATE
ALLAHASSEE, FLORID!





November 2, 2010

SARAH BEDFORD CMK COMPANIES 225 W OHIO, 6TH FLOOR CHICAGO, IL 60654

SUBJECT: BLUE RENTALS, LLC Ref. Number: M07000002521



We have received your document for BLUE RENTALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 810A00025763

## COVER LETTER

TO: Registration Division of	s Section Corporations					
SUBJECT:	Blue Pout (Name of Fo	als, uc reign Limited Liability (	Company)			
Dear Sir or Madam:						
The enclosed withdr	awal and fee(s) are submitt	ed for filing.				
	espondence concerning this	•	:			
Sa	vah Bedfor (Name of Person)	d				,
<u>C</u> Mk	(Firm/Company)	Ltd		SEC SEC	10 [	
225	W Dhio Stre	ret		SECRETARY OF STATE ALLAHASSEE, FLORIO/	10 DEC 14 PH 2:	41
Chic	ago, 12 60k (City/State and Zip Coo	16 de)		F STATE	H 2: 38	الرين ا
For further informati	on concerning this matter,	please call:				
Sarah	BedArd ame of Person)	at (at (312	376-2020 Daytime 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 is a check	for the following amount:					
\$25 Filing 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

(Name of limited liability company)			
(Jurisdiction of its organization)			
(Jurisdiction of its organization)			
M 07 60 000 252   (Florida Document Number)			
This limited liability company is no longer transacting business in Florida and su authority to transact business in this state.	urrende	rs its	
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florida.	ot service based la.	ce on on a	
225 W Ohio St. 6th FL (Mailing address)	_		
Chicago, 1L 60654 (City/State/Zip)	_		
The limited liability company agrees to notify the Department of State in the fuchange in its mailing address.	iture of	fany	
(Signature of member or authorized representative of a member)	<u></u> ≥ 60		
Colin M. Kilhake		0 0	Andres on
(Typed or printed name of signee)	ECRETARY OF STATE LLAHASSEE, FLORID	EC 14 PM 2:	