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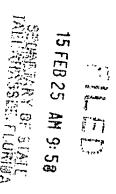
(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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J. SHAVERS MAR 0 6 2015

COVER LETTER

	on Section of Corporations			
SUBJECT: Blue	Stream Services, LLC			
\	(Name of Fo	reign Limited Liability (Company)	
Dear Sir or Madan	n:			
The enclosed with	drawal and fee(s) are submitte	d for filing.		
Please return all co	orrespondence concerning this	matter to the following	:	
Mark Steven Sarg	ent			
	(Name of Person)	••		
Blue Stream Servi			_	
	(Firm/Company)			
3117 W Admiral I	Doyle Drive			
	(Address)			
New Iberia, La 70	560			
	(City/State and Zip Coo	le)	•	
For further inform	ation concerning this matter, p	elease call:		
Mark Steven Sarg	ent	337 at (367-6780	
((Name of Person)		Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		Regist Divisi P.O. E Tallah	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Blue Stream Services, LLC			
(Name of limited liability company)			_
Louisiana			
(Jurisdiction of its organization)			
02/18/2008			
(Date registered with Florida Department of State)			
M08000000814			
(Florida Document Number)			_
This limited liability company is withdrawing its certificate of authority in this statement of the statemen	ie.		
(Signature of authorized representative) Steven Mark Sargent		15 F	
(Typed or printed name of signee)	107473338814 118.16.13388314	EB 25 AM 9:	Eller C

Filing Fee: \$25.00