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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000052

Phone Fax Number : (850)656-7956 : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT RESIGNATION BLUNETWORK USA LLC

Certificate of Status	0			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:_	BLUNETWO	ORK USA LL	C				
50B015C1		Name o	f Limite	d Liability	Сотралу		-
DOCUMENT	r number:_	M1300000	7246				_
The enclosed for filing.	Resignation of	Registered Ag	gent for	a Limited	Liability Cor	mpany and fee	are submitted
Please return	all corresponder	nce concernin	g this m	atter to th	e following:		
						•	
	Name o	of Person					
INCORPOR	ATING SERV	ICES, LTD.					
	Name of Fi	rm/Company	<u></u>				
3500 SOUT	H DUPONT H	IGHWAY					
	Add	iress					
DOVER, DE	19901						
	City/State a	ind Zip Code					
PBROWN@	INCSERV.CC	М					·
E-mail add	iress: (to be used for	or future annual i	eport not	ification)			
For further in	formation conce	erning this ma	tter, ple	ase call:			
Phylli.	O. BROW	VR	at (300 🖰	346-4646		
/	Name of Perso	n	A	Area Code	Daytime Tol	ephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes,	the undersigned,			
INCORPORATING	S SERVICES, LTD.	, hereby resigns as			
	Name of Registered Agent	,			
Registered Agent for _	BLUNETWORK USA LLC				
	Name of Limited Liability Company	у.	,	•	
M13000007246		•		-	
Document N	umber, if known	. Ac.		,	
	ion was mailed to the above listed limited	• •			
The agency is terminate	ed and the office discontinued on the 31st	day after the date on which this	stateme		filed.
	Phyli- D. Scoun. Signature of Resigning	ng Agent	AHASSE	HAY 22	7
If signing on behalf of	an entity:		TO T	點	M
	PHYLLIS D. BROWN		STA	69	
	Typed or Printed Name ASSISTANT SECRETARY		D.	•	
	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