

P00000067703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLUE POINTE SECURITY, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P000000067703

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN C. ACOSTA  
(Name of Person)

BLUE POINTE  
(Name of Firm/Company)

817 N.W. 129 AVE  
(Address)

MIAMI, FL 33182  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN C. ACOSTA at ( 786 ) 488-6088  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

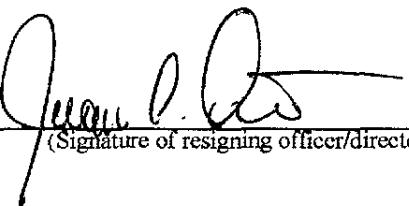
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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

I, JUAN C. Acosta, hereby resign as PRESIDENT  
(Title)

of BLUE PAINTE SECURITY, INC.  
(Name of Corporation)

P00000067703, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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