Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: INCORPORATING SERVICES FL Account Name

Account Number: 120050000052 Phone

: (302)531-0855

: (850)656-7953 Fax Number

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

REGISTERED AGENT RESIGNATION BLUE ROSE SECRETS & GIFTS, INC.

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section	
	Division of Corporations	
SUBJ	ECT: BLUE ROSE SECRETS & GIFTS, INC.	
	(Name of Corporation)	
юси	JMENT NUMBER: P00000082380	
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for f	iling.
Please	return all correspondence concerning this matter to the following:	
Edie	Whitebread	
	(Name of Person)	
INCO	DRPORATING SERVICES, LTD.	
	(Name of Firm/Company)	
3500	S. DUPONT HWY.	
	(Address)	
DOV	E, DE 19901	
	(City/State and Zip Code)	
For fur	ther information concerning this matter, please call:	
Edie '	Whitebread at (800) 346-4646	
	(Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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(((H100002124163)))

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned, INCORPORATING SERVICES LTD.			
	(Name of Registered Agent)		
hereby resigns as Registered Agent for BLUE ROSE SECRETS & GIFTS, INC.			
	(Name of Corporation)		
P00000082380			
(Document Number, if known)		•	
A copy of this resignation was mail	led to the above listed corporation at its last known address.		
The agency is terminated and the of this statement is filed:	ffice discentinued on the 31st day after the date on which	10 SE	
If signing on behalf of an entity:	(Signature of Resigning Agent)	FILED P 29 AM	
CANDICE B.	SWETLAND	ë e	
	(Typed or Printed Name)	ဒို	
ASSISTANT S	BECRETARY		
	(Capacity)		

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314