PO10000 17656

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filips Officer
Special Instructions to Filing Officer:





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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BLUE PRODUCTION	(Name of Corporation)
DOCUMENT NUMBER: P0100	• •
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
JUAN P. CADAVEIRA	
(Name of Persor	
· BLUE PRODUCTION COMPANY	(
(Name of Firm/Com	pany)
6770 INDIAN CREEK DR. #5G	
(Address)	
MIAMI BEACH, FL 33141	
(City/State and Zip C	Code)
For further information concerning this	is matter, please call:
JUAN P. CADAVEIRA	at (646) 645 - 3456
(Name of Person)	at (646) 645 - 3456 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made p	payable to the Florida Department of State.
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as DIF	RECTOR
	(Title)
IY	
Corporation)	
, a corporation organized under t	ha lawa of the State of
,r	he laws of the State of
ľ	'Corporation)

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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