. (Requestor's Name)		
(Address)	200198114	
(Address)	200100111	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	03/17/110102002	
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO:	Amendment Section Division of Corporations
	·
SUBJ	IECT: BLUE DRAGON AT FESTIVAL BAY, INC
	(Name of Corporation)
DOC	UMENT NUMBER: P03000005372
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
AGN	NES CHAU
	(Name of Person)
LAW	OFFICES OF AGNES CHAU, P.A.
	(Name of Firm/Company)
716	E COLONIAL DRIVE
	(Address)
ORL	ANDO, FL 32803
	(City/State and Zip Code)
For fu	arther information concerning this matter, please call:
AGN	ES CHAU at (407) 648-0880
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617	1.1509,
Florida Statutes, the undersigned, AG	NES CHAU	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	BLUE DRAGON AT FESTIVAL BAY,	INC ,
	(Name of Corporation)	
P03000005372		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last known	own address.
this statement is filed	discontinued on the 31st day after the date	on which
——————————————————————————————————————	gnature of Resigning Agent)	22 TAI S
If signing on behalf of an entity:		2011 MAR 17 SECRETARY B
	Typed or Printed Name)	AMIO: 57
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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