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| PICK-UP                                      | ☐ WAIT            | MAIL      |
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| (Bu  | siness Entity Nan | ne)       |
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| (Do  | cument Number)    | ,         |
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| Certified Copies                             | _ Certificates    | of Status |
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| Special Instructions to                      | Filing Officer:   |           |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: BLH INC MBC (DTP (Name of Corporation)   |
| DOCUMENT NUMBER:  |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following:                       |
| A-San Jubran (Name of Person)   |
| The Law Office of A. SAM Jubran, P.A. (Name of Firm/Company)                                    |
| 871 (assat Ave (Address)  |
| Jacksmuille, 1=6 32205 (City/State and Zip Códe)  |
| For further information concerning this matter, please call:                                    |
| Sam Jobran at (904) 360-6100 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2. . .



October 11, 2016

A. SAM JUBRAN 871 CASSAT AVE JACKSONVILLE, FL 32205 US

SUBJECT: BLH INC MBC CORP Ref. Number: W16000069521

We have received your document for BLH INC MBC CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

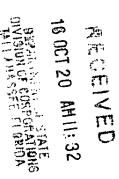
Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 816A00021838



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,   |              |
|---|--------------|
| Florida Statutes, the undersigned, Jubran, A. Sam (Name of Registered Agent)  |              |
| hereby resigns as Registered Agent for BLH INC MBC, Corporation (Name of Corporation) BLHINCMBC, (Document Number, if known)                          | tion<br>corp |
| A copy of this resignation was mailed to the above listed corporation at its last known address.  |              |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent) |              |
| If signing on behalf of an entity:  |              |
| (Typed or Printed Name)   | annew.       |
| (Capacity)  | Section 1    |

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