

PI7 000028865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

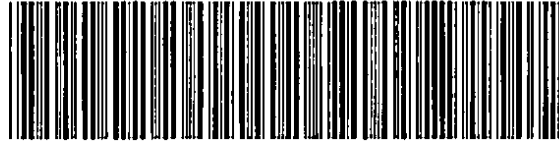
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20 JAN 23 PM 2:28

FEB 19 2020  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Blue Alkaline Farms Inc  
\_\_\_\_\_  
(Name of Corporation)

DOCUMENT NUMBER: P17000028865  
\_\_\_\_\_

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:

\_\_\_\_\_  
(Name of Person)

Blue Alkaline Farms Inc  
\_\_\_\_\_  
(Name of Firm/Company)

49 N Federal Hwy #135  
\_\_\_\_\_  
(Address)

Pompano Beach FL 33062  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dina Lui 954 732-6966  
\_\_\_\_\_  
(Name of Person) at ( )  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 JAN 23 PM 2:28  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

20 JAN 23 PM 2:28  
RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Dina Lui  
(Name of Registered Agent)

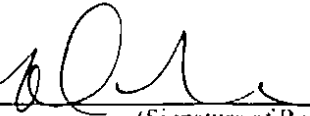
hereby resigns as Registered Agent for Blue Alkaline Farms Inc  
(Name of Corporation)

P17000028865

(Document Number, if known)

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:

Dina Lui  
(Typed or Printed Name)

Registered Agent  
(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**