## 500346

(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORID.

C. LEWS
NOV 2 1 2013
EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Blue Horizon Investments, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: S00346	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to the following:	
Ann Canady	
(Name of Person)	
Smith Hulsey & Busey	
(Name of Firm/Company)	
225 Water Street, Suite 1800	
(Address)	
Jacksonville, FL 32202	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Ann Canady (Name of Person)  at (904) 359-7738 (Area Code & Daytime Telephone Nur	mber)
( constant to the proof of the	,

Street Address: Mailing Address:
Amendment Section Amendment Section

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

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.



## 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, Smith Hulsey & Busey
(Name of Registered Agent)
hereby resigns as Registered Agent for Blue Horizon Investments, Inc.
(Name of Corporation)
S00346
(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:
M. Richard Lewis, Jr.
(Typed or Printed Name)
Vice President
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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