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SECRETARY OF STATE

COVER LETTER

SUBJECT: Ray's Con	struction Services, LLC f Limited Liability Company		
DOCUMENT NUMBER:	L0900019262		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:		
Maricel Rodriguez Name of Person	The state of the s		
Name of Person			
Ray's Construction Services,	LLC		
Name of Firm/Company			
1900 Avenue H			
Address			
Marathon, FI 33050 City/State and Zip Code			
maricelrodriguez@att.net E-mail address: (to be used for future annual report notification)			
For further information concerning this ma			
Maricel Rodriguez Name of Person	at (305) 731-9618 Area Code & Daytime Telephone Number		
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.			

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of s	section 608.416(2) or 608.5	19, Florida Statutes, the undersigned,
M	arie H Flood	, hereby resigns as
Name	of Registered Agent	
Registered Agent for	Ray's Con	struction Services, LLC
	Name of Limited Liability	Company
L09000019		
Document Number,	II Known	
A copy of this resignation was	s mailed to the above listed	limited liability company at its last known address.
The agency is terminated and	the office discontinued on t	he 31st day after the date on which this statement is filed.
<u></u>	Marie G Signature of	A. Hwo Resigning Agent
If signing on behalf of an enti	ty:	
	Typed or Printe	d Name
***************************************	Capacity	

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314