# L15000061047

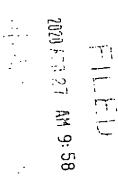
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates	s of Status			
Special Instructions to Filing Officer:				
· 186				

Office Use Only



100343843611

04/27/20--01013--016 \*\*25.00



RAIRES

MAY 12 2020

I ALBRITTON

# **COVER LETTER**

TO:	Registration Section	₽1 <b>16.</b> 1
	Division of Corporations	
SUB.	LT Construction Management, LLC	
	Name of Limited Liability Compa	ny
DOC	UMENT NUMBER: L15000061047	
The c	enclosed Resignation of Registered Agent for a Limited Liabil ling.	ity Company and fee are submitted
Pleas	e return all correspondence concerning this matter to the follo	wing:
Unite	ed States Corporation Agents, Inc.	
	Name of Person	
Lega	alzoom.com, Inc.	
	Name of Firm/Company	
101	North Brand Blvd. 11th Floor	
	Address	
Gler	ndale, CA 91203	
	City/State and Zip Code	
rare	signations@legalzoom.com	
	E-mail address: (to be used for future annual report notification)	
For f	urther information concerning this matter, please call:	
Janı	na Pantoja 800 773-	0888 x3950
-	Name of Person Area Code Dayt	me 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

#### STREET ADDRESS:

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

. . . . ,

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the	undersigned,
United States Corp	oration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	(, 5-5) (.eg., 6-11)
Registered Agent for	T Construction Management, LLC	<del></del>
	Name of Limited Liability Company	,,
L15000061047		
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liab	pility company at its last known address.
The agency is terminate	and the office discontinued on the 31st day Signature of Resigning A	after the date on which this statement is filed
If signing on behalf of a	in entity:	···· · · · · · · · · · · · · · · · · ·
	Cheyenne Moseley	·
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	
	Capacity	 ∵ ∵

## **FILING FEES:**

\$85.00 Active limited liability company
\$25.00 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