12000038814

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone |) #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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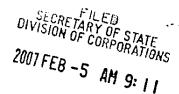
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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Tom Lowe Concrete lac (Name of Corporation) |
| DOCUMENT NUMBER: P02 0000 3 8 8 1 4 |
| 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: |
| Russell W Leighton (Name of Person) |
| (Name of Firm/Company) |
| 848 Novel Orange Dr. (Address) |
| City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (386) 747-1292 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 |

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 $\zeta \approx 1.29 \pm 9.00$ in 100.07



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, Kussell W Leighton |
|---|
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Tom Lowe Concente Inc. (Name of Corporation) |
| (Name of Corporation) |
| P02000038814 |
| (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: |
| (Typed or Printed Name) |
| (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