

48000022190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

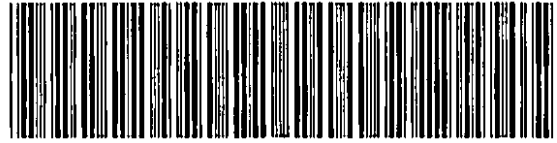
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700315030667

06/26/18--01005--020 ++85.00

FILED  
2018 JUN 26 A 7:38

48000022190

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FASTRACK CONSTRUCTION, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 180000 22190

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS ESCOBAR  
Name of Person

FASTRACK CONSTRUCTION, LLC  
Name of Firm/Company

6000 TAYLOR ROAD, SUITE 1  
Address

NAPLES, FLORIDA 34109  
City/State and Zip Code

ccc@fastrackconstructionllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis A Escobar at ( 239 ) 877-4453  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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

FILED  
JUN 26 A 7:39

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Carmen C Campoverde \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Fastrack Construction, LLC  
Name of Limited Liability Company

L 18000022190  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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

**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

FILED  
V  
7:39  
SEP 11 2011  
TALLAHASSEE, FL  
CORPORATION DIVISION