500000085

(Requestor's Name)	
(Address)	0003215
(Address)	0000210
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/11/18==0:
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	if
Special Instructions to Filing Officer:	
#8757	in alesign

Office Use Only



539260

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COVER LETTER

Invoice Team	621-3524 & Daytime Telephone Number)
For further information concerning this matter, please call:	
(City/State and Zip Code)	-
Dover, DE 19901	
(Address)	-
850 New Burton Rd, Suite 201	
(Name of Firm/Company)	-
Assistant Secretary	
(Name of Person)	-
Krystal Beckner	
Please return all correspondence concerning this matter to t	he following:
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing
DOCUMENT NUMBER: F13000000852	
(Name of Corpora	tion)
SUBJECT: QUALITY CONSTRUCTI	ON
TO: Amendment Section Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 6	
Florida Statutes, the undersigned. COGENCY Gl	_OBAL INC.
	(Name of Registered Agent)
hereby resigns as Registered Agent for QUALITY	Y CONSTRUCTION INC.
	(Name of Corporation)
F1300000852	
(Document Number, if known)	
A copy of this resignation was mailed to the above lis	sted corporation at its last known address.
The agency is terminated and the office discontinued this statement is filed.	on the 31st day after the date on which
Krystal & (Signature of Resignature)	3 eckner
(Signature of Resig	ning Agent)
If signing on behalf of an entity:	
Krystal Beckner	. 18 DE
(Typed or Printed	Name)
Assistant Secretary	Name)
(Capacity) ,
	:9 :9

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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