F95000005929

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
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SECRETARY OF GIAIE
TALLAHASSE FEDERAL

RAResign

JUN 2 0 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: UNGER CONSTRUCTION COMPANY
(Name of Corporation)
DOCUMENT NUMBER: F95000005929
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:
Jacqui Lockerd
(Name of Person)
Registered Agent Solutions, Inc.
(Name of Firm/Company)
515 Congress Avenue, Suite 2300
(Address)
Austin, TX 78701
(City/State and Zip Code)
For further information concerning this matter, please call:
Jacqui Lockerd at (888) 705-7274 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION RESIGNATION RESIGN

Pursuant to the provisi	ons of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the ur	idersigned, Re	gistered Agent Solutions, Inc.	
		(Name of Registered Agent)	
hereby resigns as Regi	stered Agent for	UNGER CONSTRUCTION COMPAN	Υ
, , ,		(Name of Corporation)	
F95000005929			
(Document Numb	er, if known)		
A copy of this resignat	ion was mailed to	o the above listed corporation at its last kno	wn address.
The agency is terminat this statement is filed.	ed and the office	discontinued on the 31st day after the date	on which
_	SUP (Signature)	gnature of Resigning Agent)	
If signing on behalf of	an entity:		
Ar	t Flores	Total and District Name of the Control of the Contr	
	(Typed or Printed Name)	
As	sistant Secretai	ry	
		(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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