

FOSTER & LINDEMAN

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

100 EAST PINE STREET, SUITE 302  
ORLANDO, FLORIDA 32801  
(407) 422-1966

TOMPKINS A. FOSTER  
WILLIAM M. LINDEMAN\*  
WAYNE E. KLINKBEIL

\*ALSO ADMITTED IN ILLINOIS AND CALIFORNIA

MAILING ADDRESS:  
POST OFFICE BOX 3108  
ORLANDO, FLORIDA 32802-3108

TELECOPIER NUMBER  
(407) 422-5338

July 31, 2002

Florida Department of State  
Division of Corporations  
P. O. Box 6237  
Tallahassee, FL 32314

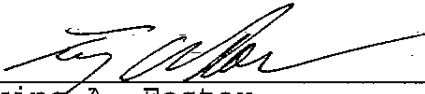
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\*\*\*\*\*87.50 \*\*\*\*\*87.50

RESIGNATION

Gentlemen:

I hereby tender my resignation as Registered Agent of North River Paving & Construction, a Florida corporation, to take effect immediately. The registered address which is my business address should also be changed in your books.

Dated: July 31, 2002.

  
Tompkins A. Foster  
FOSTER & LINDEMAN, P.A.  
P. O. Box 3108  
Orlando, FL 32802-3108  
(407) 422-1966

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 21, 2002

FOSTER & LINDEMAN  
% TOMPKINS FOSTER  
P.O. BOX 3108  
ORLANDO, FL 32802-3108

SUBJECT: NORTH RIVER PAVING & CONSTRUCTION, L.C.  
Ref. Number: L00000003652

We have received your document for NORTH RIVER PAVING & CONSTRUCTION, L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Corporate Specialist

Letter Number: 702A00049200

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Tompkins A. Foster, hereby resigns as  
(Name of Registered Agent)

Registered Agent for North River Paving & Construction, L.C.  
(Name of Limited Liability Company)

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]  
(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or printed name)

\_\_\_\_\_  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

\$ 85.00 Active Limited Liability Company  
\$ 25.00 Dissolved Limited Liability Company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314