1010000 12295

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
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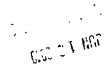


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Ra Resignation



COVER LETTER

SUBJECT: Name of Lin	mited Liability	Company
DOCUMENT NUMBER: L01000012295		
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning th	is matter to th	e following:
Corinne P. McClure, Senior Paralegal		
Name of Person		
McGuireWoods LLP		
Name of Firm/Company		
50 North Laura Street, Suite 3300		
Address		
Jacksonville, FL 32202		
City/State and Zip Code		
cmcclure@mcguirewoods.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter.	. please call:	
Corinne McClure	904	798-3294
Name of Person	Area Code	798-3294) Daytime Telephone Number
Enclosed is a check made payable to the Florid	la Danarimani	t of State for \$85.00 for an active limited
liability company or \$25.00 for an administrati liability company.	ively dissolve	d, voluntarily dissolved or withdrawn limit

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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	isions of section 605.011:	5, Florida Statutes, the	undersigned.			
RAX Co.			, hereby resign	ns as		
	Name of Registered Ages					
Registered Agent fo	r Long Road Contrac	ctors, LLC				
	Name of Lim	ited Liability Company				·
	Name of Can	act Daning Company				
L01000012295						
Docume	nt Number, if known					
A copy of this resign	nation was mailed to the a	bove listed limited liab	bility company at its	s last k	nown ac	ddress.
The agency is termin	nated and the office disco	ntinued on the 31st day	y after the date on v	thich t	his state	ment is filed
	Sisa O	Jaylor Signappe of Resigning A	gent			
If signing on behalf		U		<u>ک</u>	196	
	Lisa O. Taylor				加克 以附 印成	entires 12 1
	T	yped or Printed Name		i.	(2	
	President			24 : 17		节四
Capacity				>	المشدية	
					€	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively dis withdrawn limited l	lity company ssolved/ voluntarily liability company	, disso	lved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314