

L 010000018802

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

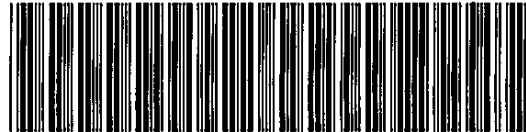
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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11/27/06--01048--001 \*\*35.00

PA Resign

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 NOV 27 PM 12:41

FILED

T. Roberts **NOV 27 2006**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Semington Pavers, L.L.C.  
(Name of Corporation)

**DOCUMENT NUMBER:** L01000018802

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:

J. Christopher Robbins, Esquire

(Name of Person)

The Robbins Law Firm, P.A.

(Name of Firm/Company)

2639 Dr. MLK Jr. Street North

(Address)

St. Petersburg, FL 33704

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Ostman, Office Manager at ( 727 ) 822-8696  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 LIMITED  
LIABILITY COMPANY****FILED**  
**06 NOV 27 PM 12:41**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

The Robbins Law Firm, P.A.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Semington Pavers, LLC


(Name of Limited Liability Company)

L01000018802

(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:

J. Christopher Robbins

(Typed or Printed Name)

President

(Capacity)

**FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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