# L02000011480

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

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10/22/13--01008--010 \*\*25.00



#### **COVER LETTER**

SUBJECT: JOSIE CONSTRUCTION,		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L02000011480		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee ar	e submitted
Please return all correspondence concerning this matter to the	ne following:	
Brenna Lutter		
Name of Person		
BizFilings		
Name of Firm/Company		
8040 Excelsior Dr Ste 200	0 5 Lx	
Address		! <del>= =</del> = = = = = = = = = = = = = = = = =
Madison, WI 53717	ر که این می از این	3 DCT 22
City/State and Zip Code		
		R R H
E-mail address: (to be used for future annual report notification)		PH 2: 37
For further information concerning this matter, please call:		37
Brenna Lutter at (608  Name of Person Area Code	827-7622 & Daytime Telephone Number	-
Traine of Ferson	to buy time receptions truther	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### **MAILING ADDRESS:**

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,	
<b>BUSINESS FIL</b>	INGS INCORPORATED	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	OSIE CONSTRUCTION,	LLC	
	Name of Limited Liability Compar	ny	
L02000011480			
Document Nu	mber, if known		
.,		d liability company at its last known addr	
	Benne Signature of Resign	ling Agent	
If signing on behalf of a	n entity:	53 (A)	즚
5 5	Brenna Lutter		13 OCT 22
	Typed or Printed Name	in the second	٠ <u>٠</u>
	Asst. Secretary for Business Fili	ngs Incorporated	<u>-6</u> %
	Capacity	E CRIDA DAL	PH 12: 37

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

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