

L03000045390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

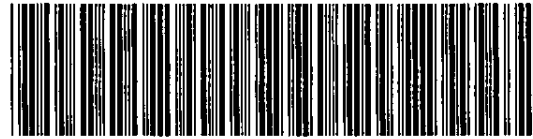
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 11 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW BEACH CONSTRUCTION CO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L0300045390

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELISABETH D. KOZLOW
Name of Person

SIEGFRIED, RIVERA, et. al.
Name of Firm/Company

201 Alhambra Circle, Suite 1102
Address

Coral Gables, Florida 33134
City/State and Zip Code

ekozlow@siegfriedlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisabeth D. Kozlow at (305) 442-4938
Name of Person Area Code & Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

SKRLD, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for

NEW BEACH CONSTRUCTION CO., LLC

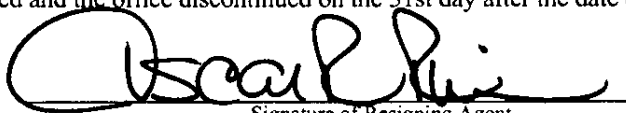
Name of Limited Liability Company

L0300045390

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:

OSCAR R. RIVERA

Typed or Printed Name

DIRECTOR

Capacity

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2012 JUN -8 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |

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