

L03000045835

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE  
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T. HAMPTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEMPER FI EXCAVATING LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000045835

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:

PETER J. SHIRK  
Name of Person

NONE  
Name of Firm/Company

17 TIDY ISLAND BLVD  
Address

BRADENTON, FL 34210  
City/State and Zip Code

pshirk@tampabay.hr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER SHIRK at ( 941 ) 232-5688  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 JUL 30 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 10, 2012

PETER J SHIRK  
17 TIDY ISLAND BLVD  
BRADENTON, FL 34210

SUBJECT: SEMPER FI EXCAVATING, LLC  
Ref. Number: L03000045835

We have received your document for SEMPER FI EXCAVATING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 412A00018471

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, PETER J. SHIRK

(Name of Registered Agent)

hereby resigns as Registered Agent for SEMPER FI EXCAVATING, LLC

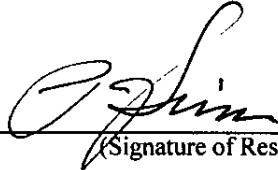
(Name of Corporation)

LO300045835

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

\_\_\_\_\_  
(Typed or Printed Name)

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

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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

12 JUL 30 PM 3:57

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS