

204000070606

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13 MAY 31 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 31 2013  
D. BUTLER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACY Contractors, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000070600

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:

Michael D. Young

Name of Person

ACY Contractors, LLC

Name of Firm/Company

6160 EDGEWATER DR., STE. C

Address

ORLANDO, FL 32810

City/State and Zip Code

mdyoung@acycontractors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason C. Kelly

Name of Person

at ( 407 ) 488-1220

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for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**Michael Arrington**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **ACY Contractors, LLC**

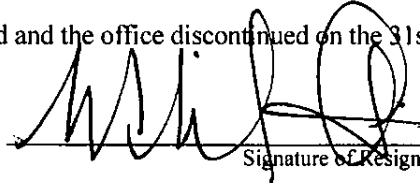
\_\_\_\_\_  
Name of Limited Liability Company

**L04000070600**

\_\_\_\_\_  
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:

**Michael Arrington**

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### **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**