# LD 4000080454

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RAResign Thuis 3-30-11

### **COVER LETTER**

SUBJECT: Blue Heron Construction, LLC  Name of Limited Liability Company			
DOCUMENT NUMBER: L04000080454			
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:			
George R. Miquel Name of Person			
Name of Firm/Company			
16073 Brier Creek Drive Address			
Delray Beach, FL 33446  City/State and Zip Code			
gmcapricorndist@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
George R. Miquel at (561) 702-7572  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

vicious of section (00,416(2) on (00,500, Florido Statutas, the undersigned

Pursuant to the provisions of sec	ction 608.416(2) or 608.509, Florida Statutes, the	undersigned,
Dav	id J. Valdini & Associates, P.A., hereby	resigns as -4.5
	Registered Agent	西里可
Registered Agent for	Blue Heron Construction, LL	C AR 28 T
	Name of Limited Liability Company	FILE S.
L040008045 Document Number, if k	· · · · · · · · · · · · · · · · · · ·	STATE 5
A copy of this resignation was r	nailed to the above listed limited liability compan	y at its last known address.
The agency is terminated and th	e office discontinued on the 31st day after the dat	e on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of an entity	:	
	Typed or Printed Name	
<del></del>	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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