

LOS 000063524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

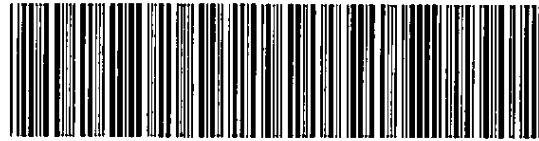
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Y. SULKER

OCT 15 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA DIRT SOURCE, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** 9054062660CC

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:

GERARD W ROUSSEAU SR

Name of Person

FLORIDA DIRT SOURCE LLC

Name of Firm/Company

PO BOX 10186

Address

BROOKSVILLE FL 34603

City/State and Zip Code

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

For further information concerning this matter, please call:

GERARD W ROUSSEAU SR

Name of Person

at ( 239 ) 2806097

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

**STREET ADDRESS:**

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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**DAYMIS RODRIGUEZ**

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **FLORIDA DIRT SOURCE LLC**

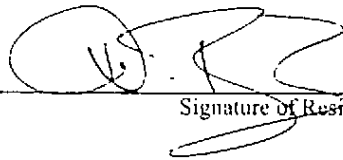
\_\_\_\_\_  
Name of Limited Liability Company

**9054062660CC**

\_\_\_\_\_  
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:

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

\_\_\_\_\_  
Capacity

**FILED**  
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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**