

L050000 FILED 77499

2009 NOV 29 P 2: 54

SECRETARY OF STATE
TALLAHASSEE



600061660646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only

11/29/09--000000--002 **135.00

TRANSMITTAL LETTER

FILED

TO: Amendment Section
Division of Corporations

2005 NOV 29 P 2: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: DB GRADING & SITE PREP, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000077499

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:

CYNTHIA N. SELF
(Name of Person)

DB GRADING & SITE PREP, L.L.C.
(Name of Firm/Company)

365 SW 3RD STREET
(Address)

LAKE BUTLER, FL. 32054
(City/State and Zip Code)

For further information concerning this matter, please call:

CYNTHIA N. SELF at (386) 496-3853
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED

2005 NOV 29 P 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CLAUDETTE BROWN, hereby resigns as
(Name of Registered Agent)

Registered Agent for DB GRADING & SITE PREP, L.L.C.

(Name of Limited Liability Company)

L05000077499
(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.

Claudette Brown 11-8-05
(Signature of Resigning Agent)

If signing on behalf of an entity:

(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withdrawn limited liability company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**