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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : A1A REGISTERED AGENT INC.  
Account Number : 120090000032  
Phone : (561) 792-2236  
Fax Number : (561) 202-8082

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
CONSTRUCTION & REPAIR SERVICES L.L.C.**

Certificate of Status	0
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Page Count	02
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**D. BRUCE  
MAY 25 2017**

2017 MAY 24 PM 12:24

STATE OF FLORIDA  
TALLAHASSEE

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

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

A1A REGISTERED AGENT INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for CONSTRUCTION & REPAIR SERVICES L.L.C.


Name of Limited Liability Company

L05000109366

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:

TINA MAKI

Typed or Printed Name

PRESIDENT

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withdrawn limited liability company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

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