# 0026267

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### **COVER LETTER**

SUBJECT: Racso Construction LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L06000026267		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sufor filing.	ıbmitte	ed
Please return all correspondence concerning this matter to the following:		
Oscar Rodriguez (Name of Person)		
P. O. Box 442517 (Name of Firm/Company)	07 NOV 2	SECRETA SECRETA
(Address)	6 PM	RY COR
Miami, FL 33144 (City/State and Zip Code)	# t: 16	FSTATE
For further information concerning this matter, please call:		
Oscar Rodriguez (Name of Person)  at ( 305 ) 224-2975 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

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

Pursuant to the provisions	of section 608.416	6(2) or 608.509, Florida St	atutes, the undersigned,		
Francisco J. C	erezo		, hereby resigns as		
	Name of Registered Ag	-	,,g		
Registered Agent for R	acso Cons	truction LLC			
	(Name of L	imited Liability Company)			
L06000026267	7				
(Document Number	, if known)				
A copy of this resignation	was mailed to the	above listed limited liabili	ty company at its last known a	address.	
The agency is terminated	and the office disco	ontinued on the 31st day at	fter the date on which this stat	ement is	filed.
- If signing on behalf of an	entity:	(Signature of Resigning Ages	<del>11)</del>		
-	(	(Typed or Printed Name)		07 NOV	OISIA:0 :03\$
-		(Capacity)		¥ 26	NGTARI GRAPI CO
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/ voluntarily dissolved/ pility company	91 :+ H9	Y OF STATE ORPORATIONS

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314