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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

FEB 1 8 2009

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Doug Fryday Construction &	Consulting, LLC.			
	Liability Company)			
DOCUMENT NUMBER: L06000034601				
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted			
Please return all correspondence concerning this m	atter to the following:			
Michael J. Quicker, Esq.				
(Name of Person)				
•				
Michael J. Quicker, Esq.	·			
- (Name of Firm/Company)				
7004 0 T : :T !! 0 !! 400				
7061 S. Tamiami Trail, Suite 106,				
(Address)				
Saranata Elorida 34231				
Sarasota, Florida 34231 (City/State and Zip Code)				
For further information concerning this matter, ple	ase call:			
Mishael I Ovieles For	244 026 2220			
Michael J. Quicker, Esq. at (Aras Code & Daytima Telephona Number			
(Name of Person)	Area Code & Daytime Telephone Number)			
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively limited liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn			
MAILING ADDRESS:	STREET ADDRESS:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 608.416((2) or 608.509, Flo	rida Statutes, the ur	ndersigned,		
Michael J. Quicke	r, Esq.		, hereby r	resigns as		
(Na	me of Registered Age	ent)	,,,	6		
Registered Agent for Dou	ıg Fryday C	onstruction (& Consulting	, LLC.		
•	(Name of Lin	nited Liability Compa	ny)		,	
-L06000034601						
(Document Number, if	known)					
A copy of this resignation w	as mailed to the a	bove listed limited	liability company	at its last known add	lress.	
The agency is terminated an	d the office discor	ntinued on the 31s	t day after the date	on which this statem	ent is f	iled.
1	Michae	(Segrature of Resign	ueke, ng Agent)	-		
If signing on behalf of an en	tity:	0			09 FEB	SE CRE DIVISION
	Γ)	Typed or Printed Name	s)	-	7	TARY OF CO
		(Capacity)		-	AM 11: 52	OF STATE RPORATIONS

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withdrawn limited liability company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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