## LOCO00034347

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T. CLINE
JAN 13 2009
EXAMINER

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: RENAISSANCE MARBLE	& GRANITE IMPORTS, LLC
•	ed Liability Company)
DOCUMENT NUMBER: L06000036347	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this r	matter to the following:
G. Alan Howard	
(Name of Person)	
Milam Howard Nicandri Dees & Gilla (Name of Firm/Company)	<del>.</del>
14 East Bay Street (Address)	SECRET ALLAHI
Jacksonville, Florida 32202 (City/State and Zip Code)	2019 JAN 12 AM 11: 12 SECRETARY OF STATE TALLAHASSEE, FLORID tease call:
For further information concerning this matter, ple	ease call:
G. Alan Howard	904 \ 357-3660
(Name of Person)	904 357-3660 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative limited liability company.	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn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 section 608.416(2) or 608.509, Florida Statutes, the undersigned,	
Milam Howard Nicandri Dees & Gillam, P.A.	
(Name of Registered Agent)	
Registered Agent for RENAISSANCE MARBLE & GRANITE IMPORTS, LLC	
(Name of Limited Liability Company)	
_06000036347	
(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 3 st day after the date on which this statement is filed.  (Signature of Resigning Agent)	34
f signing on behalf of an entity:	, ş
f signing on behalf of an entity:  G. Alan Howard  (Typed or Printed Name)	لمر. بدر
(Typed or Printed Name)	
President	
(Capacity)	

## **FILING FEES:**

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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