# L07000006556

(Re	equestor's Name)							
(Ad	ldress)							
(Ad	ldress)							
(Cit	ty/State/Zip/Phone	e #)						
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### **COVER LETTER**

SUBJECT: New Florida Lacret LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
DOCUMENT NUMBER: LØ7dødø66556
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:
Brett Robinson Owner (Name of Person)
New Florida Concrete, LLC (Name of Firm/Company)
2807 Shannon Oak Court (Address)
(Address)
St. Cloud, FL 34769 (City/State and Zip Code)
For further information concerning this matter, please call:
Brett Robinson at (407) 288-0724  (Name of Porson) at (407) 288-0724  (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 60	8.416(2) or 608.	509, Florida S	tatutes, the ui	ndersigne	đ,		
Jason HA	mm			, hereby r	esigns as			
(	Name of Registe	ered Agent)						
Registered Agent for			····					
NewF	lorida	Concret	e, LL	<u> </u>	<u> </u>			
•	(Nam	e of Limited Liabili	ty Company)					
L Ø 7 Ø Ø Ø (Document Number	6665 , if known)	56					•	
A copy of this resignation	was mailed to	o the above listed	l limited liabil	ity company	at its last	knowi	n addres	s.
The agency is terminated	and the office	discontinued on	the 31st day a	ifter the date	on which	this st	atement	is filed
	10	(Signature	of Resigning Age	ent)	-			
If signing on behalf of an	entity.				SECR TALL	07		
-		(Typed or Prin	nted Name)		ETARY I	DEC -7	FILE	,
-		(Capacity	/)	· · · · · · · · · · · · · · · · · · ·	OF STA	<b>⊋</b> 3	ED	<u>-</u>

**FILING FEES:** \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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