# 07000041087

(Requestor's Name)				
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(Address) .				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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06/21/10 -01014--020 \*\*60.00

T. HAMPTON

JUN 2 2 2010

EXAMINER

## **COVER LETTER**

SUBJECT:	NU-CR Name of Limite	ETE, LLC d Liability Company	,	
DOCUMENT NUMBI	CR:	07000041087		
The enclosed Resignation for filing.	on of Registered Agent for	a Limited Liability	y Company and fee are su	ıbmitted
Please return all corresp	ondence concerning this r	natter to the follow	ing:	
ROBE	RT McCLELLAN ame of Person			
Name	of Firm/Company			
136 CE	NTRAL AVENUE Address			
SAN M City/S	ATEO, FL 32187 state and Zip Code			
E-mail address: (to be	used for future annual report no	tification)		
For further information	concerning this matter, ple	ease call:		
ROBERT Mc Name of		386 ) Area Code & Daytin	325-8915 ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 o	f section 608.416(2) or 608.50	09, Florida Statutes, the undersigned,	
T. •	Geoffrey Heekin	, hereby resigns as	
Nar	ne of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Registered Agent for	<u> </u>	Nu-Crete, LLC	
	Name of Limited Liability	Company	3
L0700004	1087		
Document Number	, if known		
A copy of this resignation w	as mailed to the above listed	limited liability company at its last known address.	
The agency is terminated an	d the office discontinued on t	he 31st day after the date on which this statement is	filed.
_	Jeff Signature of	Resigning Agent	
If signing on behalf of an en	tity:	•	
	T. Geoffrey	Heekin	
<del></del>	Typed or Printed	d Name	
	Canacity		

**FILING FEES:** 

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withdrawn limited liability company \$ 85.00 \$ 25.00

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

