## 10800012150

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
· (Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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SECRETARY OF STATE





## **COVER LETTER**

SUBJECT: Florida	Environi	mental Bu	uilders, LLC	
Na	ime of Lim	ited Liability	Company	
DOCUMENT NUMBER:	L08000012750			
The enclosed Resignation of Register for filing.	ed Agent f	or a Limited	d Liability Company a	and fee are submitted
Please return all correspondence conc	erning this	s matter to th	he following:	
Roland W. Mile	S		_	
Name of Person				
Florida Environmental Bu		С	_	
Name of Firm/Comp	any			
9946 62 Terrace	#C		_	
Address				
Boynton Beach, FL	33437		_	
City/State and Zip C	ode			
rmiles22@att.ne E-mail address: (to be used for future ar	et			
E-mail address: (to be used for future ar	ınual report	notification)		
For further information concerning th	is matter, p	please call:		
Roland W. Miles	at	321	) 506-4578	
Name of Person		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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 sec	tion 608.416(2) or 608	.509, Florida Stati	utes, the undersign	ed,	
Ron	ald B. Miles		_, hereby resigns a	ıS	
Name of	f Registered Agent				
Registered Agent for	Florida En	nvironmental B	uilders, LLC		
	Name of Limited Liabili	ty Company		,	
L0800001275					
Document Number, if k	mown				
A copy of this resignation was n	nailed to the above liste	d limited liability	company at its las	t known address.	
The agency is terminated and th	e office discontinued or	n the 31st day afte	r the date on which	h this statement is sed.	
	2128	<u>N</u>		G 12 TARY	FILED
	Signature	of Resigning Agent		四年 翌	
If signing on behalf of an entity:	:			2: 08 STATE FLORID	
	Typed or Prin	nted Name			
	Capacity	<del></del>			

FILING FEES:

\$ 85.00 \$ 25.00 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