60800021196

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
	cument Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	llv



06/06/13--01027--003 **170.00

13 JUN - 6 AM 11: 26

NY OF STAFE SEE, FLONIDA JUN 10 2013 D. BUTLER

May 30, 2013

RE: CONCRETE PROTECTION AND RESTORATION OF FLORIDA LLC (FL.DOM) ENTERTAINMENT PUBLICATIONS, LLC (DE.DOM)

TILED 13 JUN-6 AM II: 26

Department of State Division of Corporations Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount of $\frac{170.00}{1000}$ to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509	9, Florida Statutes, the undersigned,	3 JUN -6	
C T CORPORATIO	N SYSTEM	, hereby resigns as		1
	(Name of Registered Agent)	,	To T	
Registered Agent for _	CONCRETE PROTECTION AND	ORESTORATION OF FLORIDA L	TC 🛐 🖔	•
		(FL DOM)		

(Name of Limited Liability Company)

L08000021196

(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 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name) ASSISTANT SECRETARY

(Capacity)

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- Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY -----

Pursuant to the provisions of section 608.416(2) or 608.509, Florida St C T CORPORATION SYSTEM		statutes, the undersigned,	ALLAHASSEE	13 JUN -6 1	
·	(Name of Registered Agent)	,	L, S L, S L, S L, S L, S L, S L, S L, S	AM II	$\overline{\mathbb{C}}$
Registered Agent for	CONCRETE PROTECTION AND RESTORA	TION OF FLORIDA L	LC:	55 N	
		(FL.DOM) 👯	`هن ن	

(Name of Limited Liability Company)

L08000021196

(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 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name) ASSISTANT SECRETARY

(Capacity)

ILING FEES:

\$ 85.00

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

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