

L09 00000 7313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

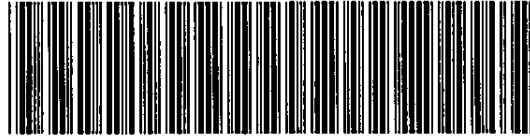
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700277118717

09/16/15--01013--015 \*\*85.00

FILED  
2015 SEP 16 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 17 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Superior Construction & Contracting, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L0900000 7313

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:

Michael Strouse  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

3907 West Eden Roc Circle  
Address

Tampa FL 33634  
City/State and Zip Code

j.michael@ipa.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Strouse at ( 813 ) 422-9221  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael Strouse

, hereby resigns as

Name of Registered Agent

Registered Agent for Superior Construction & Contracting, LLC

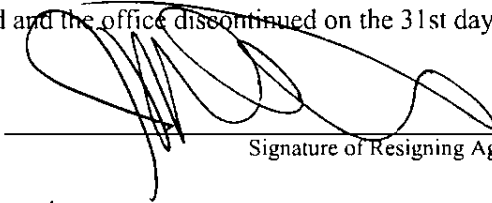
Name of Limited Liability Company

LO9000007313

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:

Michael Strouse

Typed or Printed Name

Capacity

## FILING FEES:

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

FILED  
2015 SEP 16 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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