

210000119285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 29 2015  
HRC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sparks Construction Services, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000119285

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:

James Sparks

Name of Person

Sparks Construction Services

Name of Firm/Company

115 South Blvd. East

Address

Davenport, FL 33837

City/State and Zip Code

sparks64@rocketmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregg Voth

at (813) 317-9437  
Name of Person Area Code Daytime Telephone Number

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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

**Frederic G. Voth**

, hereby resigns as

Name of Registered Agent

Registered Agent for **Sparks Construction Services, LLC**

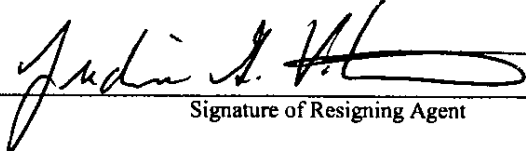
Name of Limited Liability Company

**L10000119285**

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:

Typed or Printed Name

Capacity

## **FILING FEES:**

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withdrawn limited liability company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

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