

L12000072810

(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



600236229746

06/14/12--01019--010 **85.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 14 PM 12:19

JUN 15 2012

T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tower Compactor Rentals LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000072810

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:

Bethany Macera
Name of Person

Tower Compactor Rentals LLC
Name of Firm/Company

P.O. Box 810052
Address

Boca Raton, FL 33481
City/State and Zip Code

bethanymac1@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bethany Macera at (561) 997-8284
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Gerald Macera

, hereby resigns as

Name of Registered Agent

Registered Agent for

Tower Compactor Rentals LLC

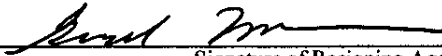
Name of Limited Liability Company

L12000072810

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 14 PM 12:15

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 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**