

L14000028452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

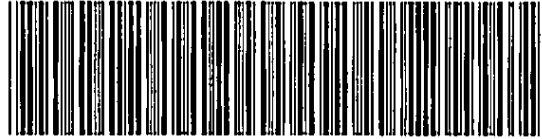
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT 24 PM 4:24

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metric Civil Constructors LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000028452

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:

C. Popham Decunto
Name of Person

Durant Schoepfel & Decunto P.A.
Name of Firm/Company

6550 St. Augustine Road, Suite 105
Address

Jacksonville, FL 32217
City/State and Zip Code

pdecunto@ds-law.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Popham Decunto at (904) 652-2600
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Durant Schoeppel & Decunto P.A., hereby resigns as
Name of Registered Agent

Registered Agent for Metric Civil Constructors LLC

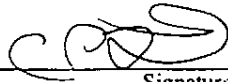
Name of Limited Liability Company

L14000028452

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. Popham Decunto

Typed or Printed Name

President

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

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