L14000137629

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiness Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Bedrock Construction Group, LLC (Name of Corporation)

DOCUMENT NUMBER: L14000137629

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Wilson

(Name of Person)

Bedrock Construction Group, LLC

(Name of Firm/Company)

149 Terra Mango Loop

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick C. Crowell, Esq. at (407-)251-1131

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509. |
|---|
| Florida Statutes, the undersigned. Patrick C Crowell, P.A. (Name of Registered Agent) |
| |
| hereby resigns as Registered Agent for Bedrock Construction Group, LLC |
| (Name of Corporation) |
| L14000137629 |
| (Document Number, if known) |
| A copy of this resignation was mailed to the above listed corporation 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: |
| Patrick C. Crowell (Typed or Printed Name) |
| (Typed or Printed Name) |
| |
| Director (Capacity) |
| (Capacity) |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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