

L25 000 203 925

(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



300395095233

10/03/22--01021--019 \*\*25.00

2022 OCT -3 PM 5:40

JAN 09 2022  
S. PRATY.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C.A. WHITE CONSTRUCTION LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000203925

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:

Brenna Lutter  
Name of Person

BizFilings  
Name of Firm/Company

8020 Excelsior Dr Ste 200  
Address

Madison WI 53717  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brenna Lutter at ( 608 ) 827-5300  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

BUSINESS FILINGS INCORPORATED

, hereby resigns as

Name of Registered Agent

Registered Agent for C.A. WHITE CONSTRUCTION LLC

Name of Limited Liability Company

L15000203925

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:

Brenna Lutter

Typed or Printed Name

Asst Secretary

Capacity

### 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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

2022 OCT -2 PM 5:40