119133

| questor's Name) | |
|-------------------|--|
| dress) | |
| dress) | |
| y/State/Zip/Phone | e #) |
| ☐ WAIT | MAIL |
| siness Entity Nar | ne) |
| cument Number) | |
| _ Certificates | s of Status |
| Filing Officer: | |
| | |
| | ŕ |
| | |
| | dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates |

Office Use Only



500190765175

500190765175 01/11/11--01002--009 **70.00

TI JAN I I AM II: 21

RARES

COVER LETTER

| | Division of Corporations | |
|---------|--|------|
| SUBJE | CCT: Capristo Construction, Inc. | |
| | (Name of Corporation) | |
| DOCU | MENT NUMBER: L19133 | |
| The end | closed Resignation of Registered Agent for a Corporation and fee are submitted for fil | ing. |
| Please | return all correspondence concerning this matter to the following: | |
| Frank | J. Aloia, Jr., Esq. | |
| | (Name of Person) | |
| Aloia | & Roland, LLP | |
| | (Name of Firm/Company) | |
| 2250 | First Street | |
| | (Address) | |
| Fort N | Nyers, Florida 33901 | |
| | (City/State and Zip Code) | |
| For fur | her information concerning this matter, please call: | |
| Frank | J. Aloia, Jr., Esq. at (239) 791-7950 | |
| | (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 60 | 7.0502(2), 617.0502(2), 607.1509, or 617.1 | 1509, |
|---|----------------|--|----------------|
| Florida Statutes, the under | signed. Kat | hy A. Gagne | |
| , | 8 · , <u></u> | (Name of Registered Agent) | |
| hereby resigns as Register | ed Agent for | Capristo Construction, Inc. | |
| | | (Name of Corporation) | 7 |
| L19133 | | | |
| (Document Number, it | known) | - | |
| A copy of this resignation | was mailed to | the above listed corporation at its last know | vn address. |
| The agency is terminated a this statement is filed. | L | discontinued on the 31st day after the date of | on which |
| If signing on behalf of an | | hature of Resigning Agent) | DIVISION OF A |
| Kathy | A. Gagne | | — ×××× |
| | r) | 'yped or Printed Name) | 22/ |
| Regis | tered Agent | | OF SIALE |
| | • | (Capacity) | - 5 |

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