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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)	_			
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
J. HORNE				
JAN 17 2025				
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Office Use Only



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12/06/24--01002--003 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Accorate Concrete and Grace (Name of Limited Liability Con	ling LLC
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Roberto Mediria (Contact Person)	_
Accorate Concrete and Grading L	<u>k</u> C
26 Alice Da (Address)	_
Defunial Springs FL, 3243) (City/State and Zip Code)	
For further information concerning this matter, please call:	
Roberto Medina at 850 (Name of Contact Person) (Area Code	842 - 1769 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	Department of State for: g Fee & Certified Copy
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

CR2E079 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011;	5, Florida Statutes, the un	dersigned,	
Roberto M.	ediro Name of Registered Ager		, hereby resigns as	No.
<u> </u>	Name of Registered Ager	nt		一. 吕 五
Registered Agent for	occupate Co	oncrete and a	onding LLC	1024 DEC -B PI
	Name of Lim	nited Liability Company		PH 12:
L 20000 25	0892 nber, if known			100 mg
A copy of this resignatio	n was mailed to the a	bove listed limited liabili	ty company at its last k	nown address.
The agency is terminated	and the office discor	ntinued on the 31st day af	fter the date on which the	nis statement is filed.
If signing on behalf of ar		Signature of Resigning Agen	111162	WZ
ii signing on ochan or ar	Robe	nto Medina yped or Printed Name		MARJORIE PAZOS Notary Public - State of Florida Commission # = 1 19999 My Comm. Expires Nov. 21, 2025
		/00 7. Capacity		londed through Nationa Notary Assn.
		Capacity		
	FILING \$ 85.00 \$ 25.00	<u>FEES:</u> Active limited liability Administratively dissol withdrawn limited liab	lved/voluntarily dissol	ved/

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