

L 210000136748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

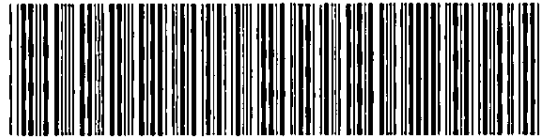
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENOVA CONSTRUCTION GROUP LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000136748

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:

ZACHARY A. KARBER, ESQUIRE
Name of Person

KARBER, P.A.
Name of Firm/Company

1404 S. MOODY AVE, SUITE C
Address

TAMPA, FLORIDA 33629
City/State and Zip Code

ZACHARY@KARBERPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZACHARY A. KARBER at (813) 557-2266
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

With Copies furnished via regular mail & certified mail to:

Renova Construction Group LLC
c/o Matthew G. Dallas
412 E. Madison Street, Suite #1209
Tampa, Florida 33602
USPS Tracking # 9589 0710 5270 0644 6330 98

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

KARBER, P.A. c/o ZACHARY A. KARBER, ESQ. _____, hereby resigns as

Name of Registered Agent

Registered Agent for RENOVA CONSTRUCTION GROUP LLC

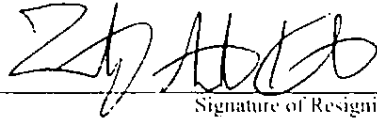
Name of Limited Liability Company

L21000136748

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:

ZACHARY A. KARBER, ESQUIRE

Typed or Printed Name

SOLE OWNER / AUTHORIZED REPRESENTATIVE

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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FILED

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