h22000191228

(Requestor's	s Name)
(Address)	
, ,	
(Address)	
(City/State/Z	lip/Phone #)
, · ·	·
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number
(Document	Number)
Certified Copies Ce	ertificates of Status
	
Special Instructions to Filing Of	ficer:
ļ	

Office Use Only



800391837798

08/01/22--01013--018 **25.00



COVER LETTER

Division of Corporations SUBJECT: Construction at it Finest L.L.C. Name of Limited Liability Company DOCUMENT NUMBER: L22000191228 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011:	5, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.		. hereby resigns as				
	Name of Registered Ager	ent . Hereby resign				
Registered Agent for C	onstruction at it Fi	inest L.L.Ç.				_
				_		_,
	Name of Lim	ited Liability Company				
L22000191228						
Document No	ımber, if known					
A copy of this resignation	on was mailed to the a	bove listed limited liability o	company at its last	known	address	
The agency is terminate	d and the office discor	ntinued on the 31st day after	the date on which	this stat	tement i	is filed.
		Signature of Resigning Agent				
It signing on behalf of a	n entity:				20	
	Cheyenne Mose	ley		•	2022 AUG	د سرت .
	-	eped or Printed Name			- SI	: <u>}</u>
	Asst. Secretary for U	nited States Corporation Age	nts, Inc.	: :	<u>'</u>	:
		Capacity		F / .	Ħ	, 11
				7.	AM 10: 50	
	FILING: \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolver withdrawn limited liabilit	d/ voluntarily diss	olved/	0	

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