

L22000301012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

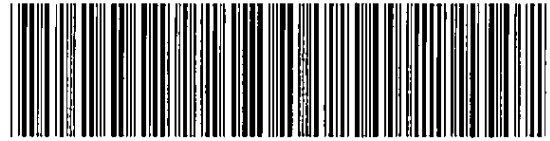
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 OCT 16 PM 12:40

R. HUNT  
10/16/23

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Revive Concrete Tampa LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000301012

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:

Michael Beecroft  
Name of Person

Name of Firm/Company

15112 Heathridge Dr  
Address

Tampa FL 33625  
City/State and Zip Code

721mikeb@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Beecroft at ( 813 ) 421-1762  
Name of Person Area Code Daytime Telephone Number

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FLORIDA  
DIVISION OF CORPORATIONS

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Michael Beecroft \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Revive Concrete Tampa LLC

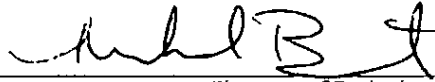
\_\_\_\_\_  
Name of Limited Liability Company

L22000301012

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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS