

L97000001431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500252724565

10/25/13--01014--001 \*\*25.00

FILED  
13 OCT 25 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ELLIS-DON FLORIDA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L97000001431

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:

**Geoffrey Smith**

Name of Person

**Ellis-Don Construction, Inc.**

Name of Firm/Company

**2045 Oxford St., E.**

Address

**London, ON N5V 2-Z7, Canada**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael J. Kurzman**

Name of Person

at ( **954** ) **781-1134**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

**STREET ADDRESS:**

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

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

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,  
**SKRLD, INC.**

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **ELLIS-DON FLORIDA, LLC**

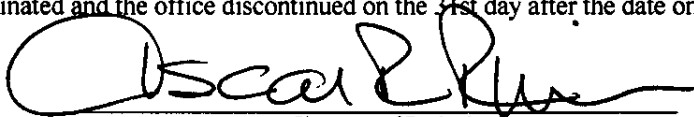
\_\_\_\_\_  
Name of Limited Liability Company

**L97000001431**

\_\_\_\_\_  
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:

**Oscar R. Rivera**

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

**Director, SKRLD, Inc.**

\_\_\_\_\_  
Capacity

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
13 OCT 25 AM 11:30  
FILED

**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**