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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 : (850)878-5368 Fax Number

**Enter the email address for this business entity to be used for Toture annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION TITAN CONSTRUCTION COMPANY, L.L.C.

Certificate of Status	0
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Corporate Filing Menu

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BRUCE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Name of Limited Liability	
DOCUMENT NUMBER: M0100000306	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Theresa Alfieri	
Name of Person	
C T CORPORATION SYSTEM	·
Name of Firm/Company	
111 8th Avenue, 13th Floor	
Address	· ·
New York, New York 10011	
City/State and Zip Code	
theresa.alfieri@wolterskluwer.com	2016 TALL
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	ASS -
Theresa Alfieri 212	894-8516
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited

MAILING ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	ON SYSTEM	, hereby resigns as	I
	Name of Registered Ager		
Registered Agent for	TITAN CONSTRU	ICTION COMPANY, L.L.C.	
		<u> </u>	·
	Name of Lim	ited Liability Company	
M01000000306			
Document ?	Number, if known	· ·	
A copy of this resignat	tion was mailed to the a	bove listed limited liability company at its last	known address.
;			•
i ne agency is terminal	ed and the office disco	ntinued on the 31st day after the date on which	i unis statement is ii
ť	161	arl.	
1	- Con	Signature of Resigning Agent	
		Signature of Resigning Agent	
If signing on behalf of	an antitu	Signifure of Resigning Agent	
If signing on behalf of	•	V	,
If signing on behalf of	C T Corporation	System - Theresa Alfieri	
If signing on behalf of	C T Corporation	System - Theresa Alfieri	The same of the sa
If signing on behalf of	C T Corporation	System - Theresa Alfieri	2010 TALL
If signing on behalf of	C T Corporation	System - Theresa Alfieri	2016 FE
If signing on behalf of	C T Corporation	System - Theresa Alfieri	2016 FEB
If signing on behalf of	C T Corporation Ty Assista	System - Theresa Alfieri pped or Printed Name nt Secretary Cupacity FEES:	FEB 17
If signing on behalf of	C T Corporation Ty Assista	System - Theresa Alfieri pped or Printed Name nt Secretary Capacity	FEB 17 A Solived/ A
If signing on behalf of	C T Corporation Ty Assista FILING \$ 85.00	System - Theresa Alfieri /ped or Printed Name nt Secretary Cupacity FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/	FEB 17

P.O. Box 6327
Tallahassee, FL 32314