

MD400000435

(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



500125862315

04/29/08--01003--011 **25.00

FILED

08 APR 28 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 29 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AGGREGATE CONCEPTS, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M04000000435

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:

Tami Gerardi

(Name of Person)

National Corporate Research, Ltd.

(Name of Firm/Company)

615 South DuPont Highway

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Wayne Rafanelli

(Name of Person)

at (302) 734-1450

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
08 APR 28 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

National Corporate Research, Ltd., Inc., hereby resigns as
(Name of Registered Agent)

Registered Agent for Aggregate Concepts, LLC

(Name of Limited Liability Company)

M04000000435

(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.

Wayne Rafanelli
(Signature of Resigning Agent)

If signing on behalf of an entity:

Wayne Rafanelli

(Typed or Printed Name)

Vice President

(Capacity)

FILED
08 APR 28 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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