

1705000003856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

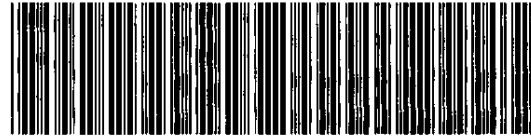
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/10--01014--012 **25.00

FILED
2010 OCT 27 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT
OCT 28 2010
EXAMINER

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,

LENNIE T. ALLEN

Name of Registered Agent

, hereby resigns as

Registered Agent for CLA CONSTRUCTION DIVERSIFIED, LLC

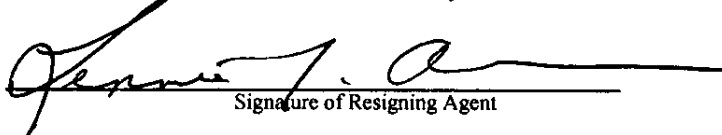
Name of Limited Liability Company

M05000003856

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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withdrawn limited liability company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