m0500003856

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A. LUNT
OCT 28 2010
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CLA CON	STRUCTION DIVER Name of Limited Liability C	RSIFIED, LLC		
DOCUMENT NUMBER:	M05000003856			
The enclosed Resignation of Registe for filing.	red Agent for a Limited I	Liability Company and f	ee are submitted	
Please return all correspondence con	cerning this matter to the	following:		
LENNIE ALLE Name of Persor	N 1			
Name of Firm/Com	pany		2010 OCT 27 SECRETARS TALLAHASS	T
14578 ORANGE E Address	BLVD.		m~	
LOXAHATCHEE, FL City/State and Zip (_ 33470 Code		AM (S) (1.5) OF STATE OF STATE	C
E-mail address: (to be used for future at For further information concerning the	•			
LENNIE ALLEN Name of Person	at (561)	784-1685	iber	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Flor	ida Statutes, the undersigned,	
LE:	NNIE T. ALLÉN	, hereby resigns as	
Nam	e of Registered Agent		
Registered Agent for	CLA CONSTRUCTIO	N DIVERSIFIED, LLC	<u> </u>
	Name of Limited Liability Company	1	`
M0500000	3856		
Document Number	ifknown		
A copy of this resignation wa	s mailed to the above listed limited	liability company at its last kno	own address.
The agency is terminated and	the office discontinued on the 31st	day after the date on which this	s statement is filed.
9	Signature of Resignir	Ig Agent	2010 OCT 27 SECRETAR TALLAHASS
If signing on behalf of an ent	ity:		CT 27 HETAR)
	Typed or Printed Name		
	Capacity		

FEES:
Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company FILING \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314