

1107000004362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

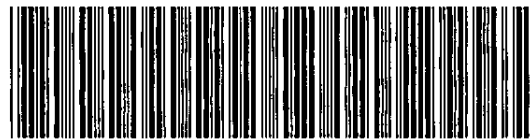
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500250834325

08/20/13--01002--017 **25.00

FILED
2013 AUG 19 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 20 2013
D. BRUCE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: W.T.Fields Concrete Contractors, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M07000004362

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:

Jill Marschke

Name of Person

Business Filings Incorporated

Name of Firm/Company

8040 Excelsior Drive Suite 200

Address

Madison WI 53717

City/State and Zip Code

agent@bizfilings.com

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

For further information concerning this matter, please call:

Jill Marschke

Name of Person

at (800) 981-7183

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
2013 AUG 19 PM 1:20
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,

Business Filings Incorporated

Name of Registered Agent

Registered Agent for W.T.Fields Concrete Contractors, LLC

Name of Limited Liability Company

M07000004362

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:

Jill Marschke

Typed or Printed Name

Assistant Secretary Business Filings Incorporated

Capacity

FILED
2018 AUG 19 PM 1:20
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