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Special Instructions	s to Filing Officer:			
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COVER LETTER

AMERICAN SITE BUILDERS, LLC
SUBJECT: Name of Limited Liability Company
DOCUMENT NUMBER: M15000009044
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:
Krystal Beckner
Name of Person
COGENCY GLOBAL INC. Name of Firm/Company
850 New Burton Rd., Suite 201
Dover, DE 19904
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Invoices Team at (866) 621-3524
Name of Person at (<u>866</u>) 621-3524 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 605.0115, Flori	ida Statutes, the unde	rsigned.
COGENCY GLOBAL, INC.			, hereby resigns as
Name of	Registered Agent		, nerecy reingula do
Registered Agent for AMERIC	AN SITE BUILD	ERS, LLC	- 5
	Name of Limited Lia	bility Company	The second second
M15000009044			P P D
Document Number, if known		2 2	
A copy of this resignation was m	ailed to the above li	isted limited liability	company at its last known address.
The agency is terminated and the	office discontinued	d on the 31st day afte	r the date on which this statement is filed
	Krysta	al Beckner	
If signing on behalf of an entity:			
Kryst	ıl Beckner		
		Printed Name	··············
Assista	nt Secretary, C	COGENCY GLO	BAL INC.
	Capa	neity	
	FILING FEES \$ 85.00 Acti	<u>:</u> ve limited liability c	ompany ed/ voluntarily dissolved/
	\$ 25.00 Adm with	ninistratively dissolv ndrawn limited liabil	ed/ voluntarily dissolved/ ity company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314