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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

Ecom:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 : (850)656-7953 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC REGISTERED AGENT RESIGNATION M.W. ROGERS CONSTRUCTION CO., L.L.C.

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## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: M.W. ROGERS CONSTRUCTIO	N CO., L.I	L.C.		
Name of Limit	ted Liability	Company	•	
DOCUMENT NUMBER: M16000010185			_	
The enclosed Resignation of Registered Agent for filing.	or a Limitec	Liability Company and fee a	re submit	ted
Please return all correspondence concerning this	matter to th	ne following:		
Westley Look				
Name of Person				
Incorporating Services, Ltd.				
Name of Firm/Company			# <u></u>	202
3500 S DuPont Highway			,	2022 HAY 27
Address		•	35	~ ;
Dover, DE 19901				
City/State and Zip Code		-	7 5W	PH 1:45
wlook@incserv.com			1	5
E-mail address: (to be used for future annual report no	otification)	•		
For further information concerning this matter, p	lease call:			
Westley Look	302	531-0703		
Name of Person	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.011	5, Florida Statutes, the	undersigned,			
Incorporating Service	es, Ltd.		, hereby resigns as			
i	Name of Registered Age		,,,,,,,			
Registered Agent for M.	W. ROGERS CO	DNSTRUCTION CC	)., L.L.C.			
	Nove of Liv	nited Liability Company		,		
	Name of Lin	med Daority Company				
M16000010185						
Document Nun	iber, if known					
A copy of this resignation	was mailed to the a	above listed limited liab	ility company at its last known	address.		
The agency is terminated	and the office disco	ontinued on the 31st day	after the date on which this sta	tement is	filed.	
6	2mama2	Signature of Resigning As	poult			
If signing on behalf of an	entity:					
	Am	anda Archambault		1 <del>1</del> 171	2022 HAY 27	
,	Typed or Printed Name Assistant Secretary		ž (m	7	<b>*</b>	
			7.5	<b>7</b> 2	1	
		Capacity		3.3		
				, <del>1</del> ,	TÇ TK	[]
	F1LING \$ 85.00 \$ 25.00	Active limited liabili	solved/voluntarily dissolved/	17 <b>CO</b>	PM 1: 45	

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