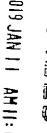
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| (Cooline III / III III) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
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100322761141

01/11/19--01001--033 **25.00





COVER LETTER

| TO: Registratio Division of | n Section f Corporations | | |
|--|---|---|---|
| SUBJECT: [| RP Constructi | ne of Limited Liability Company) | |
| DOCUMENT NU | IMBER: MI700 | 00000922 | |
| The enclosed Reso | | managers, or other authorized perso | ons to Withdraw the Alternat |
| Please return all co | orrespondence concernin | g this matter to the following: | |
| Moham | mad Ehsani Name of Contact Person) | | |
| FRP Co | (Firm/Company) | · | |
| 6840 | 5. TUCSON (Address) | Blvd | |
| TUCSO | On , AZ 8575 (City/State and Zip Code) | 76 | |
| For further inform | ation concerning this ma | tter, please call: | |
| Tt2e/ (Name of | Ramos Contact Person) | at (520) 861-3331 (Area Code) (Daytime Telephon | EXT 229 te Number) |
| Enclosed is a chec | k made payable to the Fl | orida Department of State for the fol | lowing amount: |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (Additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32 | on rations | Street Address: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | |

Tallahassee, FL 32301

CR2E128 (2/14)

RESOLUTION TO WITHDRAW ALTERNATE NAME IN THE STATE OF FLORIDA PURSUANT TO 605.0906 (1), FLORIDA STATUTES

| I, the undersigned, do hereby certify that I am the Authori | zed Person of |
|--|------------------------------------|
| FRP Construction, UC (Name of Limited Liability Company) | , a limited liability |
| company duly organized and existing under the laws of _ | (State or Country of Organization) |
| Because the name of this foreign limited liability company Florida Statutes, the limited liability company hereby rend alternate name in the state of Florida: | |
| Quakewrap Construction (Alternate Name Renounced in S | tate of Florida) |
| Mo Els | 117119 |
| Signature of Authorized Person | Date |

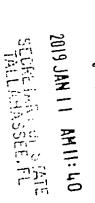
Make check payable to Florida Department of State and mail to:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314



CR2E128 (2/14)