Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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

Email Address:_____

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LLC REGISTERED AGENT RESIGNATION PRESMONT GENERAL CONTRACTORS, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the undersigned,	
Capit	ol Corporate Services, Inc. , hereby resigns as	
	Name of Registered Agent	
Registered Agent for	PRESMONT GENERAL CONTRACTORS, LLC	
_	Name of the Limited Liability Company	
M200	00000028	
Document l	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability company at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day after the date on which this statement is fi	led.
	Bin Brekeri	
	Signature of Resigning Agent	
If signing on behalf of	an entity:	
	Brian Radecki	
	Typed or Printed Name	
	Assistant Secretary	
	Capacity	
	Assistant Secretary Capacity FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company	AND FILED

INHS17 (2/14)

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