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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 **ENCORE GENERAL CONTRACTORS LLC**

Certificate of Status	0
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TO:

COVER LETTER

TO:	Registration Section Division of Corporations
ÇIIR I	ENCORE GENERAAL CONRACTORS LLC
зова	Name of Limited Liability Company
DOC	UMENT NUMBER: M20000009689
The e for fil	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	e return all correspondence concerning this matter to the following:
	Lori Whalen
	Name of Person
	Registered Agent Solutions, Inc.
	Name of Firm/Company
	5301 Southwest Pkwy Ste 400
	Address
	Austin, TX 78735
	City/State and Zip Code
	-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
-	Lori Whalen (888) 705 7274 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision CORP2000, INC.	ons of section 605.011	5, Florida Statutes, the undersi				
**************************************	Name of Registered Age	nt	nereby resigns as			
Registered Agent for	ENCORE GENERA	AI. CONRACTORS LLC	<u></u>			
	Name of List	nited Liability Company			····································	
M200000	009689					
Document No	amber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability co	mpany at its last l	known a	ddress.	
	d and the office disco	ntinued on the 31st day after th	ne date on which t			:d.
	\sim	Signature of Resigning Agent				
If signing on behalf of a	•					
	Jennifer McLaughlin			Car.		
		yped or Printed Name		A55	⊘	
	Asst. Secretary	Conneitu				
		Capacity			4	
					56 888	-
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability	pany voluntarily disso company	lved/		•

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