Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Page: 1 of 3

Fax Number : (850)617-6383

From:

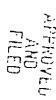
Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397 : (800)567-4398 Fax Number

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

Email Address: cheryllwilliams@live.com

## LLC REGISTERED AGENT RESIGNATION BLOC CONTRACTING LLC

Certificate of Status	()
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BLOC CONTRACTING LLC		
	d Liability (	Company
DOCUMENT NUMBER: M20000010023		
The enclosed Resignation of Registered Agent for filing.	a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this m	atter to the	ofollowing:
Cheryll Williams		
Name of Person		
BLOC CONTRACTING LLC		
Name of Firm/Company		
1023 FALLS CREEK LN		
Address		
CHARLOTTE, NC 28209		
City/State and Zip Code		
cheryllwilliams@live.com		
E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter, ple	ase call:	
Kathy Clark  Name of Person  8t (	.00	567-4397
Name of Person	\rea Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	epartment y dissolved	of State for \$85.00 for an active limited, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton I 2661 Ex	T ADDRESS: tion Section of Corporations Building ecutive Center Circle see, FL 32301

INHS17 (2/14)

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From: Kimberly Rogers

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

Pursuant to the provision	ons of section 605.0115,	Florida Statutes, the u	indersigned.		
URS AGENTS, LLO	С		, hereby resigns a	S	
	Name of Registered Agent				
Registered Agent for B	LOC CONTRACTI	NG LLC			
4	Name of Limit	ed Liability Company		<u></u> .	·
M20000010023					
Document N	umber, if known				
A copy of this resignati	on was mailed to the ab	ove listed limited liab	Hity company at its las	et known add	iress.
The agency is terminate					
the agency is terminate	ed and the office discon-	minded on the 91st day	mist the three this wife		Terre ii virea
			l		
		Signature of Resigning Ag	ent		
If signing on behalf of a	an entity:			; <del>-</del> ,	202
n signing on centil or	Edwardo Saldana	ı		중되	/ F1 2022 HAR 2
		ned or Printed Name	<del></del>	1	<b>3</b>
	Manager			;	22 EX
		Capacity			<b>≆</b> 50
					<u> </u>
				7.3.	
	FILING F	EES:		-	ഗ
	\$ 85.00 \$ 25.00	Active limited liability Administratively diss withdrawn limited li	ty company solved/ voluntarily dis ability company	ssolved/	

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