## P05000011415

. (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE AS DIVISION OF CORPORATIONS

RA/RES 10.19.07



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2007

ADALBERTO V. MARTINEZ MARTINEZ CONCRETE & LAYOUT, INC. P.O. BOX 5237 HAINES CITY, FL 33845

SUBJECT: MARTINEZ CONCRETE & LAYOUT, INC

Ref. Number: P05000011615

We have received your document for MARTINEZ CONCRETE & LAYOUT,INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 207A00059548

Irene Albritton Regulatory Specialist II

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUB	JBJECT:(Name of Corporation)			
DOC	UMENT NUMBER:			
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.			
Pleas	e return all correspondence concerning this matter to the following:			
	(Name of Person)			
-	(Name of Firm/Company)			
39	& Cattle trail Rd			
	City/State and Zip Code)			
For fi	urther information concerning this matter, please call:			
Ad	(Name of Person) at (863) 557 2308 (Area Code & Daytime Telephone Number)			

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Noe	el V. Martinez (Name of Registered Agent)
hereby resigns as Registered Agent for _	(Name of Corporation)
P05000011615	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office d this statement is filed.	discontinued on the 31st day after the date on which
<u>x Noel Maj</u>	gnature of Resigning Agent)
If signing on behalf of an entity:	•
* Noel A	Yar fine T Typed or Printed Name)
λ. 	न विक्र
	(Capacity)
Fee for filing	PA 12: PA

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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