

PO60000074944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

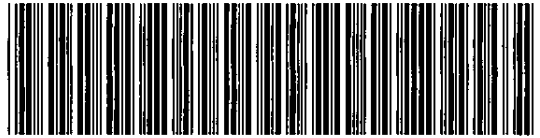
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Resignation
to RA

12/08/08--01012--014 **35.00

FILED
2008 DEC -8 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
12/10/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bolognese Concrete Pumping Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6000074944

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

Bolognese Concrete Pumping Inc.
(Name of Firm/Company)

10951 Harmony Pk Dr.
(Address)

Bonita Springs FL 34135
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED
2008 DEC -8 PM 2:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150

Florida Statutes, the undersigned,

Daniel Bobagnese
(Name of Registered Agent)

hereby resigns as Registered Agent for

Bobagnese Concrete Pumping, Inc.
(Name of Corporation)

PO 0000074944

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Daniel Bobagnese
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$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**