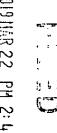


(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
;						

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COVER LETTER

10:	Amendment Section Division of Corporations		
SUBJ	ECT: A & R SITE		
		(Name of Corporati	on)
DOC	UMENT NUMBER: P1500	00075316	
The e	nclosed Resignation of Regist	tered Agent for a Corpora	ation and fee are submitted for filing.
Please	e return all correspondence co	oncerning this matter to the	ne following:
TA	MI PAXTON		
	(Name of Pers	son)	
A &	R SITE CONTRA	ACTORS INC	
	(Name of Firm/Co	ompany)	
179	921 US HWY 41		
	(Address)		
SP	RING HILL, FL (34610	
	(City/State and Zi	p Code)	
For fu	rther information concerning	this matter, please call:	
TA	MI PAXTON	at (
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosor \$35	sed is a check made payable t i.00 for an administratively di	o the Florida Department issolved, voluntarily disso	of State for \$87.50 for an active corporation olved or withdrawn corporation.
Amen Divisi Cliftor 2661 I	Address: dment Section on of Corporations Building Executive Center Circle assee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	ns

.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	607.0502(2), 617.0502(2), 607.1509, or 617.	1509,		
Florida Statutes, the undersigned, DE	ENNIS R. EDWARDS			
	(Name of Registered Agent)			
hereby resigns as Registered Agent fo	A & R SITE CONTRACTORS INC)		
noticely realigns as registered regent to	(Name of Corporation)			
P15000075316				
(Document Number, if known)				
A copy of this resignation was mailed	to the above listed corporation at its last kno	wn add	iress.	
The agency is terminated and the office this statement is filed.	Red Livariante of Resigning Agent)	on whi	ch	
If signing on behalf of an entity:				
DENNIS R.	EDWARDS			
	(Typed or Printed Name)			
·	(Capacity)	A SACTOR OF THE	2019 HAR 22	
\$87.50 - Ac \$35.00 - Ac	ng this document: ctive Corporation dministratively dissolved/voluntarily dissolve ithdrawn corporation		PM 2: 44	

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