P97000031881

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(ra	areas)	
(Cit	y/State/Zip/Phone	e #)
—		 -
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(-	,	,
(Da	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Eiling Officer:	
Special instructions to	Filling Officer.	
		}
		ŀ
		ł
		}
		<u> </u>

Office Use Only



000074320080

**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.00
**35.0

G PA

COVER LETTER

SUBJECT: PETRO CONSTRUCT	(Name of Corporation)
DOCUMENT NUMBER: P97000	031881
The enclosed Resignation of Registere	ed Agent for a Corporation and fee are submitted for filing
Please return all correspondence conce	erning this matter to the following:
ROBERT J. BERTRAND	
(Name of Person))
GRAY ROBINSON, P.A.	
(Name of Firm/Comp	pany)
POST OFFICE BOX 3	
(Address)	
LAKELAND, FLORIDA 33802-00	
(City/State and Zip C	ode)
For further information concerning thi	s matter, please call:
DAVID D. HALLOCK, JR.	at (863) 284-2200 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)

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

Amendment Section

TO:

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 607.0502(2), 617.0502(2), 60	7.1509, or 617.1509,
Florida Statutes, the undersigned, ROBERT J. BERTRAND	
(Name of Registe	red Agent)
hereby resigns as Registered Agent for Petro Construction Mana	
(Name of Corp	oration)
P97000031881	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation	n at its last known address.
The agency is terminated and the office discontinued on the 31st day this statement is filed.	y after the date on which
(Signature of Resigning Agent)	06 MAY I
If signing on behalf of an entity:	AY II
GRAY ROBINSON, P.A.	E R
(Typed or Printed Name)	AM II: 48
	RATE 48
ATTORNEY	≯
(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