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S. HAWKES

MAR 19 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: <u>Orthur L. E</u> Name of Limited Partners	rb Masonry, Inc		
DOCUMENT NUMBER: P9900	0108038		
The enclosed Resignation of Registered Ag	gent and fee(s) are submitted for filing.		
Please return all correspondence concernin	g this matter to:		
John Segaul, E5	<u>8.</u>		
Segaul = 5+011, P.A	· .		
Firm/Company			
8751 W Braward 1	31vd, #404		
Address			
Plantation, FL. 33	374		
City, State and Zip Code			
16	11 4000		
JSegaul @ Segaul 5+011. Com E-mail address: (to be used for future annual report notification)			
E-man address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
John Segaul	at (<u>(954)</u> <u>A2A-3600</u> Area Code and Daytime Telephone Number		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a check made payable to the Fl	orida Department of State for:		
\$87.50 Filing Fee \$140.00 (\$	\$87.50 Filing Fee and \$52.50 Certified Copy Fee)		
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32301			

RESIGNATION OF REGISTERED AGENT FOR	Γ
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITI	ED PARTNERSKY
	TSECRET
Pursuant to the provisions of section 620.1116, Florida Statutes, the unders	signed, TALLAHASS
John D. Segaul Esq.	hereby resigns as
Name of Registered Agent	nerecy resigns as
Registered Agent for Arthur L. Erb Masary Name of Limited Partnership or Limited Liability Limit	, Inc. ted Partnership
P99000108038	•
Florida Document Number, if known	
The agent is terminated on the 31 st day after the date on which this state. Signature of Registered Agent	tatement is filed by
If signing on behalf of an entity:	
John D. Segaul Typed or Printed Name	
President	
Capacity	_

Filing Fee: \$87.50 Certified Copy (optional): \$52.50