P08000011796

(R	equestor's Name)	
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Na	ame)	
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COVER LETTER

Division of Corporations	
SUBJECT: DANELLA UTILITY CONST	
(Name of Corporat	on)
DOCUMENT NUMBER: P08000011796	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	ne following:
ROBIN MOLT	
(Name of Person)	•
CORPORATION SERVICE COMPANY	:
(Name of Firm/Company)	Ten 📥
80 STATE STREET	15 JUN 25
(Address)	25
ALBANY NY 12207	
(City/State and Zip Code)	بى بى › كىنچىنى ئىلىنى ئىلى
For further information concerning this matter, please call:	
ROBIN MOLT at 518	,433-7018
	& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

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 607.0302(2), 617.0302(2), 607.1309, or 617.1309,			
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY			
(Name of Registered Agent)			
hereby resigns as Registered Agent for DANELLA UTILITY CONSTRUCTION, INC.			
(Name of Corporation)			
P08000011796			
(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.			
Polym MGLT (Signature of Resigning Agent)			
If signing on behalf of an entity:			
ROBIN MOLT (Typed or Printed Name)	84 Te 11 1 12 8-2 1 1-2-11		
(Typed or Printed Name)			
	: 4		
ASST SECRETARY			
(Capacity)	i		

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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