

LD6000035000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

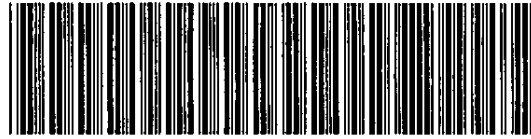
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2013 JUL -2 AM 8:20
SOUTH CAROLINA
DEPARTMENT OF STATE

J. SAULSBERRY
EXAMINER
JUL -3 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Al's Vinyl Services LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LOG000035000

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfred T. Strange
Name of Person

Al's Vinyl Services LLC
Name of Firm/Company

148 Oliver Dr.
Address

Newahitchka FL 32465
City/State and Zip Code

alspainting24@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfred T. Strange at (850) 819 9648
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2013 JUL -2 AM 8:20
FLORIDA DEPARTMENT OF STATE
MAIL ROOM

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Alfred T. Strange, hereby resigns as
Name of Registered Agent

Registered Agent for Al's Vinyl Services LLC
Name of Limited Liability Company

LOG000035000
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

Alfred T. Strange
Typed or Printed Name
Alfred T. Strange Owner
Capacity

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
2013 JUL -2 AM 8:20
FILED

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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