

LD6000035000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

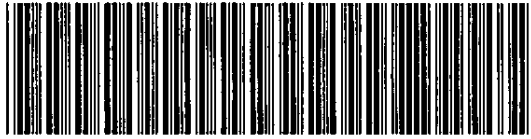
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 OF FLORIDA  
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