L1200055183

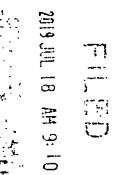
(Requestor's Name)	
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PICK-UP WAIT	MAIL
	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Y SULKER
JUL 1 8 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2019

THE FOLDING SLIDING DOOR COMPANY, LLC ATTN:BIANCA G LISTON 111 N MAGNOLIA AVE SUITE 1200 ORLANDO, FL 32801

SUBJECT: THE FOLDING SLIDING DOOR COMPANY, LLC

Ref. Number: L12000055183

We have received your document for THE FOLDING SLIDING DOOR COMPANY, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 319A00013619

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

SUBJECT: The Folding Sliding Door C	Company, LLC ed Ciability Company
DOCUMENT NUMBER: L12000055183	
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent fo for filing.	r a Limited Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the following:
Bianca G. Liston	
Name of Person	,
McDonald Toole Wiggins	
Name of Firm/Company	 _
111 N. Magnolia Ave, Suite 1200	
Address	
Orlando, FL 32801	
City/State and Zip Code	
E-mail address: (to be used for future annual report of	otitication)
For further information concerning this matter, p	lease call:
Bianca G. Listonat (407) 246-1800 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an active limited ly dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
141141111111111111111111111111111111111	and a solitable a marrier will als

Tallahassee, FL 32301

INHS17 (2/14)

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Flor	ida Statutes, the undersigned,
Bianca G. Liston Name of Registered Agent	, hereby resigns as
Registered Agent for The Folding Sliding	Door Company, LLC
Name of Limited Liz	bility Company
L12000055183	
Document Number, if known	
The agency is terminated and the office discontinue	d do the 31st day after the date on which this statement is filed. Ture of Resigning Agent
FILING FEES \$ 85.00 Acti	La agent/alty
5 25.00 Adn Wit	hdrawn limited liability company

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