

836066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

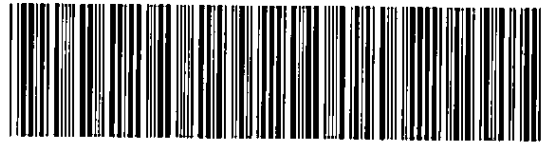
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S TALLENT

JUN 20 2019

K/A Resign

FILED
2019 JUN -3 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRI-STATE GLASS, INC.
(Name of Corporation)

DOCUMENT NUMBER: 836066

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Kelly Farris
(Name of Person)

GrayRobinson, P.A.
(Name of Firm/Company)

1795 W. Nasa Blvd.
(Address)

Melbourne, FL 32901
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Deering at (321) 727-8100
(Name of Person) (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:	Mailing Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	Post Office Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, **MASON WILLIAMS**

(Name of Registered Agent)

hereby resigns as Registered Agent for **TRI-STATE GLASS, INC.**

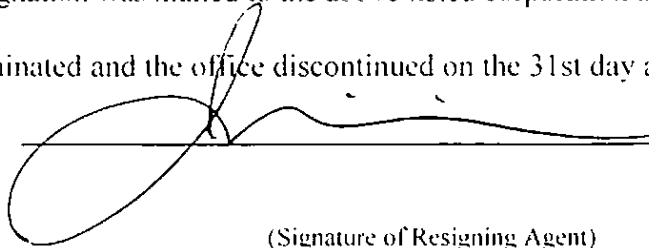
(Name of Corporation)

836066

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUN -3 AM 11:45

FILED

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