L0000000000092

(Re	questor's Name)			
(Ad	dress)			
. (Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
Rec 3/3/13	wn GU	ney soo		

Office Use Only



000241896560

03/27/13--01003--003 **25.00

13 MAR 26 AM 8: 19

KAR 27 2013

COVER LETTER

Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	TO: Registration Section Division of Corporations	
Fort Pierce, Florida, 34950 (City/State and Zip Code) For further information concerning this matter, please call: Jay T. Hollenkamp (City/State and Zip Code) For further information concerning this matter, please call: Jay T. Hollenkamp (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\subseteq} \sum_{\subseteq} \sum_{\subs		
Jay T. Hollenkamp (Contact Person) Neill, Griffin, Tierney, Neill & Marquis, Chartered (Firm/Company) 311 S 2nd St, Ste 200 (Address) Fort Pierce, Florida, 34950 (City/State and Zip Code) For further information concerning this matter, please call: Jay T. Hollenkamp at (772) 464-8200 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327		r or manager resignation and fee(s) are submitted for
Neill, Griffin, Tierney, Neill & Marquis, Chartered (Firm/Company) 311 S 2nd St, Ste 200	Please return all correspondence concerni	ing this matter to:
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building P.O. Box 6327		
Fort Pierce, Florida, 34950 (City/State and Zip Code) For further information concerning this matter, please call: Jay T. Hollenkamp at (772) 464-8200 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\frac{1}{2}\$\$ \$\fr	Neill, Griffin, Tierney, Neill & Marqu (Firm/Company)	uis, Chartered
City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·
Jay T. Hollenkamp at (772) 464-8200 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{Filing Fee} \sum \\$55 \text{Filing Fee & Certified Copy}\$ STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327		0
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327	For further information concerning this m	natter, please call:
■ \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building ■ \$55 Filing Fee & Certified Copy MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327		at (<u>772</u>) <u>464-8200</u> (Area Code & Daytime Telephone Number)
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 6327		□ \$55 Filing Fee &
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Section Division of Corporations

CR2E079 (5/06)



RECEIVED

13 MAR 26 AM 6: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 13, 2013

JAY T HOLLENKAMP NEILL GRIFFIN TIERNEY NEILL & MARQUIS 311 S 2ND ST - STE 200 FT PIERCE, FL 34950

SUBJECT: CENTRAL AUTO GLASS CO. L.L.C.

Ref. Number: L0000006092

We have received your document for CENTRAL AUTO GLASS CO. L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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) 245-6051.

Tammy Hampton Regulatory Specialist II

Letter Number: 013A00005946



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

 The name of the 	ne limited liability company as it	appears on the records of	the Florida Department
of State is:	Central Auto	Glass Co., L.L.C.	
2. This limited li	ability company was organized t	inder the laws of:	
	Florida		
3. The Florida do	ocument/registration number of t	his limited liability compar	ny is:
I	_00000006092	·	
	nan Shelton Radebaugh, III Name of Person Resigning)	, hereby resign as a	Manager (Print Title)
of this limited l resignation in v	iability company and affirm the writing.	limited liability company h	nas been notified of my
Cul s	Radily A S		
Signature of Re	esigning Member, Managing Me	mber or Manager	

Filing Fee: Certified Copy: \$25.00 (Required)

\$30.00 (Optional)