# 1000000000092

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
		}			
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Rec 3/13/13	NO M	over 4800			

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DIVISION OF CORPORATION

MAR 2.7 2010 T. 1022... (2011)



### **COVER LETTER**

Central Auto Glass Co., L.L.C.  Name of Limited Liability Company					
DOCUMENT NUMBE	R:	.00000006092			
The enclosed Resignatio for filing.	n of Registered Agen	t for a Limited	Liability Compa	ny and fee are submitted	
Please return all correspo	ondence concerning th	his matter to th	e following:		
	T. Hollenkamp				
Neill, Griffin, Tiern Name	ey, Neill & Marquis, of Firm/Company	Chartered			
311 S	2nd St, Ste 200 Address	<del></del> .			
Fort Pie City/S	rce, Florida, 34950 tate and Zip Code				
jhollenkam E-mail address: (to be u	p@neillgriffin.com sed for future annual repo	ort notification)			
For further information of	concerning this matter	r, please call:			
Jay T. Holl Name of	enkamp a Person	at ( <u>772</u> Area Code	) 464-8200 & Daytime Teleph	one Number	
Enclosed is a check mad liability company or \$25	e payable to the Florid .00 for an administrat	da Department tively dissolved	of State for \$85.0	00 for an active limited olved or withdrawn limited	

#### **MAILING ADDRESS:**

liability company.

TO:

Amendment Section Division of Corporations

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

RECEIVED

13 MAR 26 AM 6: 38

SECRETARY OF STATE TALLAHASSEE, FLORIBA

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: L00000006092

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 \$85.00. 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: 113A00005945

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.509, Fl	orida Statutes, the undersigned,		
Cushma				
Cushman Shelton Radebaugh, III , hereby resigns as  Name of Registered Agent				
Registered Agent for	Central Auto Glass Co., L.L	<u>C.</u>		
	Name of Limited Liability Compa	ıny	,	
L000000	_			
Document Num	Der, 11 Known			
A copy of this resignation	was mailed to the above listed limite	ed liability company at its last known ac	ddress.	
-	Signature of Religi	st day after the date on which this state	ment is inte	
If signing on behalf of an	entity:			_
			ಪ	SIVIC IS
- -	Typed or Printed Name	<u> </u>	13 MAR 2	CRE TA
-	Capacity		,6	CONT.
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			ά	SIN AZ
	\$85.00 Active limited Administrative withdrawn lim	liability company ly dissolved/ voluntarily dissolved/ iited liability company	ī	SNONS

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