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SECRETARY OF STATE DIVISION OF CORPORATIONS

AUG 2 7 2012 T. HAMPTON

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

SUBJECT: UNDERWAY Custom Name of Li	Marine Carpet & Installation LLC mited Liability Company
DOCUMENT NUMBER:	L02000022788
The enclosed Resignation of Registered Agent for filing.	t for a Limited Liability Company and fee are submitted
Please return all correspondence concerning the	nis matter to the following:
Jonathan A Bigelow Name of Person	<del> </del>
Name of Firm/Company	
3744 Leeds Court, Unit 103 Address	<del></del> _
Palm Harbor, FL 34685-3193	i -
City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter	, please call:
Jonathan A Bigelow 8	at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Florida Statutes, the under	rsigned,
	Jonathan A Bigelow , hereby resi	gns as
	Name of Registered Agent	
Registered Agent for	UNDERWAY CUSTOM MARINE CARPET & INST	FALLATION LLC
	Name of Limited Liability Company	,
	00022788	
Document !	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability company at it	ts last known address.
The agency is termina	ted and the office discontinued on the 31st day after the date on	which this statement is filed.
	Signature of Resigning Agent	
	Signature of Resigning Agent	
If signing on behalf of	an entity:	
		12
	Typed or Printed Name	SECRETAIN OF CVISION OF C
	Capacity	<b>2</b>
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**FILING FEES:** 

\$ 85.00 \$ 25.00 Active limited liability company
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withdrawn limited liability company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