| (R                      | equestor's Name)    |             |
|-------------------------|---------------------|-------------|
| (A                      | ddress)             | <u></u>     |
| (A                      | ddress)             | <del></del> |
| (C                      | ity/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT                | MAIL        |
| (B                      | usiness Entity Nan  | ne)         |
| (D                      | ocument Number)     |             |
| Certified Copies        | Certificates        | of Status   |
| Special Instructions to | Filing Officer:     |             |
|                         |                     |             |
|                         |                     |             |
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O SIMMONS SEP 0 9 2019 FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

Y & V ENGINEERING, LLC

PLEASE RETURN A STAMPED COPY

CK# 8362 OR: \$145.00 (\$25.00 for this filing)

THANK YOU!

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi                     | ions of section 605.0115, Florida Statutes, the undersigned   | •                    |  |
|---|---|----------------------|--|
| ATRIUM REGISTERED AGENTS, INC.              |   | _, hereby resigns as |  |
|   | Name of Registered Agent  |                      |  |
| Registered Agent for Y & V ENGINEERING, LLC |   | <u> </u>             |  |
|   |   | 2 6 T                |  |
| · · · · · · · · · · · · · · · · · · ·       | Name of Limited Liability Company   | 10 00 m              |  |
| L03000037123                                |   | PA CO                |  |
| Document Number, if known                   |   | 75                   |  |
|   | ation was mailed to the above listed limited liability comparated and the office discontinued on the 31st day after the day |                      |  |
| If signing on behalf of                     | f an entity:  |                      |  |
|   | RALPH A. NARDI  |                      |  |
|   | Typed or Printed Name   | <del></del>          |  |
|   | VICE PRESIDENT, DIRECTOR  |                      |  |
|   | Capacity  |                      |  |

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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