## L03000049182

(Requestor's Name)					
105 EAST Bay Dr. (Address)					
(Address)					
St. Petersburg, F1, 3370/					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
I					

Office Use Only



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11/02/05--01028--006 \*\*25.00

2005 NOV -2 PN 3: 23

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 60	8.416(2) or 608.509	), Florida Statutes, the un	ndersigned,
RON	(Name of Register		, hereby re	esigns as
Registered Agent for	Wood	Exteriors	POSTORATIO	w Ud. Co.
	(Namo	e of Limited Liability C	ompany)	
A copy of this resignation	on was mailed to	o the above listed lin	mited liability company	at its last known address.
The agency is terminate is filed.	d and the office	e discontinued on the	\rangle	e on which this statement
If signing on behalf of a	n entity:			1-2 PI 1-2 PI 1-2 PI 1-3 SEE
		(Typed or printed i	name)	M 3: 23 PORATIC
		(Capacity)		DA XX

FILING FEES:
\$ 85.00 Active Limited Liability Company
\$ 25.00 Dissolved Limited Liability Company

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

INH\$17(10/99)