L04000077035

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| , |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: AMERICAN FORM STONE SOLUTIONS, LLC. (Name of Limited Liability Company) | | | | | |
| DOCUMENT NUMBER: <u>L 64000077035</u> | | | | | |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| JOHN W. DAWSON (Name of Person) | | | | | |
| CADLE CARPENTRY L.L.C. (Name of Firm/Company) | | | | | |
| 143 Gadhe Avē. (Address) | | | | | |
| CAK Hice, FLORIDA 32759 (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Tour Dawsen at (386) 3/4-6/5/ (Name of Person) (Area Code & Daytime Telephone Number) | | | | | |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 409 E. Gaines Street Tallahassee, FL 32399 | | | | | |

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions | of section 608.416(2) or | 608.509, Florida Stati | utes, the undersigne | :d, |
|---------------------------------|----------------------------------|--------------------------|----------------------|--------------------------|
| JOHN W. | DAUSON Name of Registered Agent) | | , hereby resigns as | |
| Registered Agent for | A J | m & STONE | SOLUTION | 4, L.L.C. |
| | (Name of Limited L | iability Company) | | |
| L 040000776 (Document Number | | | | |
| A copy of this resignation | was mailed to the above | listed limited liability | company at its last | known address. |
| The agency is terminated | M | ed on the 31st day after | r the date on which | this statement is filed. |
| If signing on behalf of an | entity: | | | T MAR I |
| _ | (Typed o | r Printed Name) | | © AM |
| | (Сар | pacity) | | ORATE CO |

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