

L05000049329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

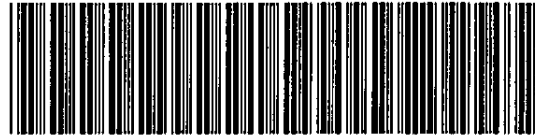
(Document Number)

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RA Resign
Thanks

09/26/06--01036--007 **25.00

FILED
06 OCT 20 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/20/06--01003--009 **60.00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fortress Manufacturing, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000049329

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:

Chris E. Ambrose

(Name of Person)

Silvis, Ambrose & Lindquist, P.C.

(Name of Firm/Company)

Post Office Box 1557

(Address)

Thomasville, Georgia 31799

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Ambrose

(Name of Person)

at (229) 228-4258

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SILVIS, AMBROSE & LINDQUIST, P.C.

*DOUGLAS K. SILVIS, J.D.

*CHRIS E. AMBROSE, J.D.

**BENJAMIN L. LINDQUIST, J.D.

Attorneys at Law

P.O. Box 1557

115 SEWARD STREET

THOMASVILLE, GEORGIA 31799

Tel. (229) 228-4258

Fax (229) 228-7586

E-mail: lawyers@silvis-ambrose.com

www.silvis-ambrose.com

October 9, 2006

Via U.S. Certified Mail
Receipt No. 7005 0390 0002 2308 1439

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Resignation of Registered Agent for a Limited Liability Company
Fortress Manufacturing, LLC
Our File No.: 4710.00001

To Whom It May Concern:

Enclosed please find the following:

1. Copy of Letter dated October 2, 2006 from Florida Department of State
2. Resignation of Registered Agent for a Limited Liability Company
3. SILVIS, AMBROSE & LINDQUIST, P.C. Check No. 11138 in the amount of \$60.00 for the balance of the filing fee.

If you need anything further, please feel free to contact us.

Sincerely,

SILVIS, AMBROSE & LINDQUIST, P.C.

By: 

Chris E. Ambrose

CEA/kf

Enclosures: As per above.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2006

CHRIS E. AMBROSE
SILVIS, AMBROSE & LINDQUIST, P.C.
POST OFFICE BOX 1557
THOMASVILLE, GA 31799

SUBJECT: FORTRESS MANUFACTURING LLC
Ref. Number: L05000049329

We have received your document for FORTRESS MANUFACTURING LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The filing fee to resign as registered agent from an active limited liability company is \$85.00. There is a balance of ~~\$60.00~~ due.

Please return your document, along with 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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 406A00058266

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

FILED
06 OCT 20 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CT Corporation, hereby resigns as
(Name of Registered Agent)

Registered Agent for Fortress Manufacturing, LLC

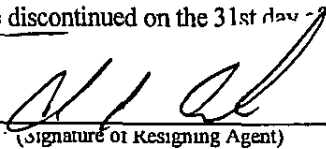
(Name of Limited Liability Company)

L05000049329

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day of _____ the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Chris E. Ambrose

(Typed or Printed Name)

Attorney

(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