L05000113470

| (Requestor's Name) | |
|-----------------------------------------|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | , |
| PICK-UP WAIT MAI | L |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEE, FLORID

Office Use Only



CT Corporation

111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctcorporation.com

December 21, 2011

RE: MARONDA INTEGRATED PRODUCTION SYSTEMS

OF TAMPA LLC

WOODS RESTORATION SERVICES, LLC

(FL. DOM.) (DE. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of 50.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ns of section 608.416(2) or 608.509, Florida Sta | tutes, the undersigned, | |
|---------------------------|---------------------------------------------------------------------------------|--------------------------|--------|
| C T CORPORATION | SYSTEM | _ , hereby resigns as | |
| | (Name of Registered Agent) | _ , 1101009 10018111 110 | |
| Registered Agent for | | | |
| MARONDA INTEGRA | ATED PRODUCTION SYSTEMS OF TAMP. | A LLC (FL. DOM.) | |
| | (Name of Limited Liability Company) | | |
| L05000113470 | | | |
| (Document Num | ber, if known) | | |
| | and the office discontinued on the 31st day aft (Signature of Resigning Agent) | | filed. |
| If signing on behalf of a | n entity: | | ı |
| | C T CORPORATION SYSTEM - Theresa A | | *** |
| | (Typed or Printed Name) ASSISTANT SECRETARY | SSEE, FE | m 'm |
| | (Capacity) | CORIDA | |

\$ 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withdrawn limited liability company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