

(Red	uestor's Name)	
(Add	lress)	
. (Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		:

. Office Use Only



000249407020

000249407020 07/02/13--01019--012 \*\*25.00

2013 JUL -2 MM & 20

J. SAULSBERRY EXAMINER JUL - 3 2013

## **COVER LETTER**

SUBJECT: Al's Vinyl Services LLC Name of Limited Liability Company			
DOCUMENT NUMBER: <u>L06000035000</u>			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing.	are s	ubmitt	ed
Please return all correspondence concerning this matter to the following:			
Alfred T. Stranse  Name of Person			
Als Vivy Services LLC  Name of Firm/Company	TALL OF	2019 JU	
148 Oliver Dr. Address		1 -2 A	CHITTEE CHITTE
	STAIL STAIL	AM 8: 20	, maner
Also inting 24 C vahoo, com Estail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Alfred T. Strange at (450) 819 9648  Name of Person Area Code & Daytime Telephone Numb	er		
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an a liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or voluntarily dissolved.	active withd	: limite rawn l	d imited

**MAILING ADDRESS:** 

liability company.

Amendment Section

Division of Corporations

TO:

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,			
Alfred T. Strange	hereby resigns as		
Name of Registered Agent			
Registered Agent for Als Vinyl Services a	11C		
Name of Limited Liability Company	•		
A copy of this resignation was mailed to the above listed limited liability c	ompany at its last known address.		
The agency is terminated and the office discontinued on the 31st day after	the date on which this statement is filed.		
Signature of Resigning Agent	2013 JUL		
If signing on behalf of an entity:	23 %		
Alfred J. Stones	من المناسبة		
Typed or Printed Name			
Alfred T Strange Owne	S S S		
Canacity	₹17 %		

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