

L06000075944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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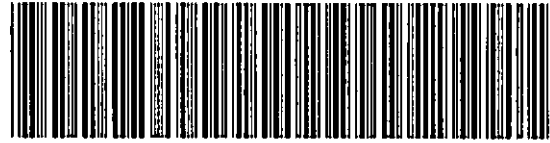
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Visionaire Windows L L C
Name of Limited Liability Company

DOCUMENT NUMBER: L06000075944

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:

JR Slaughter
Name of Person

Visionaire Windows L L C
Name of Firm/Company

648 Donald Ross Way
Address

St. Augustine, FL 32092
City/State and Zip Code

plans@visionaireofjax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron Williams at (904) 861-1992
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jim R Slaughter, hereby resigns as
Name of Registered Agent

Registered Agent for Visionaire Windows LLC

Name of Limited Liability Company

L06000075944
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 after the date on which this statement is filed.

J.R Slaughter
Signature of Resigning Agent

If signing on behalf of an entity:

J.R. SLAUGHTER
Typed or Printed Name
Pres.
Capacity

2022 SEP 30 PM 4:11
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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