

LD7000019000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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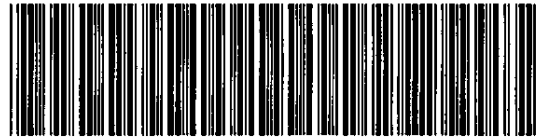
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Unique Wall Systems LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L07000019000

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:

William J. Murchison  
(Name of Person)

Unique Wall Systems LLC  
(Name of Firm/Company)

5367 SW 120 Avenue  
(Address)

Cooper City FL 33330  
(City/State and Zip Code)

For further information concerning this matter, please call:

William J. Murchison at ( 954 ) 434-5050  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*\* Copy of ARTICLES of DISSOLUTION ATTACHED  
which are being filed CONCURRENTLY with  
the REGISTRATION SECTION, Div. of Corporations*

## 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,

**William J. Murchison**

(Name of Registered Agent)

Registered Agent for **Unique Wall Systems LLC**

(Name of Limited Liability Company)

**L07000019000**

(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

**William J Murchison**

(Typed or Printed Name)

**Member Manager**

(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**

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