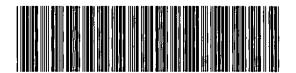
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(Re	questor's Name)	
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TALLAHASSEE, FLORIDA

DIVISION OF CURPOPATION

2007 NOV 19 PH 2: 33

TO ACKNOWLEDGE

SUFFICIENCY OF PRICE

C. Courtismo NOV 1 9 2007

### **COVER LETTER**

SUBJECT: Ba Custom Installs accompany)
DOCUMENT NUMBER:
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:
Matt Benson (Name of Person)
B2 Custom Installs, LCC (Name of Firm/Company)
6535 Kingman Truit (Address)
Tallaliassee FL 32309 (City/State and Zip Code)
For further information concerning this matter, please call:
Mott Benson at (850) 519-6737 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

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	f section 608.416(	(2) or 608.509, Florida	. Statutes, the undersign	ned,	
Matt Ben	SOO me of Registered Age		, hereby resigns	as	
,		•			
Registered Agent for 3	2 Custom	Installs,	'LC		
Manage and the state of the sta	(Name of Lin	nited Liability Company)		,	
LO 7000 36/		<u></u>			
A copy of this resignation w	•	bove listed limited lia	bility company at its la	st known address.	
The agency is terminated an	d the office discor	ntinued on the 31st day	y after the date on which	ch this statement is f	iled.
	27/3	(Signature of Resigning A	Agent)		
If signing on behalf of an en	tity:			TAS O	
· · · · · · · · · · · · · · · · · ·		ENSOM Typed or Printed Name)		07 NOV 19 SECHETAR ALLAHASS	T
	M	(Capacity)		<u>~</u>	
		(Capacity)		PH 2: 46 OF STAI EE. FLORI	O
	FILING	FEES:		Ale JRIDA	
	\$ 85.00 \$ 25.00	Active limited liabi Administratively di withdrawn limited	lity company ssolved/ voluntarily di liability company	issolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314