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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ALUPROTEC LLC (Narne of Limited Liability Company)
DOCUMENT NUMBER: <u>LO700062558</u>
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:
Fredeuc LANCO (Name of Person)
(Name of Firm/Company)
2566 NE 206 TER (Address)
MUANU FL 33180. (City/State and Zip Code)
For further information concerning this matter, please call:
FIANCE at (786) 4866980 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	ction 608.416(2) or 608.509, Florida Statutes, the undersigned,	
LANCRI (Name o	Frederic , hereby resigns as of Registered Agent)	
Registered Agent forAU	U PROTECUC.	
	(Name of Limited Liability Company)	
LO7000625 (Document Number, if known A copy of this resignation was not appeared to the copy of the co	wn) nailed to the above listed limited liability company at its last known add	Iress.
The agency is terminated and the	e office discontinued on the 31st day after the date on which this statem	nent is filed.
If signing on behalf of an entity:		SECRETON OF AUG
	(Typed or Printed Name)	F 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
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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withdrawn limited liability company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