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Office Use Only



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RAResign News 9-1-09

COVER LETTER

Amendment Section Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Amendment Section

P.O. Box 6327

TO:

| SUBJECT: COMMERCIAL ARCHITECTURAL SOLUTIONS, LLC Name of Limited Liability Company | | | | |
|---|--|--|--|--|
| DOCUMENT NUMBER: L07000112735 | | | | |
| 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: | | | | |
| Tami Gerardi Name of Person | | | | |
| Name of Person | | | | |
| National Corporate Research, Ltd. | | | | |
| Name of Firm/Company | | | | |
| 615 South DuPont Highway | | | | |
| Address | | | | |
| Dover, DE 19901 | | | | |
| City/State and Zip Code | | | | |
| tami@nationalcorp.com E-mail address: (to be used for future annual report notification) | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Wayne Rafanelli at (800) 483 1140 Name of Person Area Code & Daytime Telephone Number | | | | |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. | | | | |

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

Clifton Building



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2009

TAMI GERARDI NAȚIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901

SUBJECT: COMMERCIAL ARCHITECTURAL SOLUTIONS, LLC

Ref. Number: L07000112735

We have received your document for COMMERCIAL ARCHITECTURAL SOLUTIONS, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance of \$60.00 due to file the resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 909A00028099

2009 AUG 31 AM 8: 00
SECRETARY OF STATE TALL AHASSEE, FI ORIGO.

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

| Pursuant to the provisions of | section 608.416(2) or 608.509, Flori | ida Statutes, the undersigned, | , 00 ··· |
|----------------------------------|--|---------------------------------|-----------------------|
| National Co | rporate Research, Ltd. | , hereby resigns as | OS ALLE |
| Name | of Registered Agent | | |
| Registered Agent for | Commercial Architec | ctural Solutions, LLC | - 195 P |
| | Name of Limited Liability Company | , | - FOR 1. 10 |
| L07000112 | 735 | | P |
| Document Number, | f known | | |
| • | s mailed to the above listed limited l | | |
| The agency is terminated and | the office discontinued on the 31st of | day after the date on which thi | s statement is filed. |
| | Wayhe Rafave Signature of Resigning | ell: g Agent | |
| If signing on behalf of an entit | y: | | |
| | Wayne Rafanelli | | |
| | Typed or Printed Name | | |
| | Vice President | | |
| | Capacity | | |

FILING FEES:

\$ 85.00
\$ 25.00
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