L09000105915

(Re	equestor's Name)			
(Ac	ldress)			
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
	. .			
(Do	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



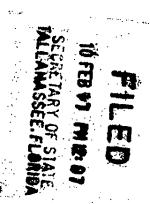
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02/17/10--01016--021 **60.00

02/15/10--01003--021 **25.00

FEB 1 7 2010

EXAMINER



"When you need ACCESS to the world"

WALK IN				
PICK UP: 2/5/10 Hande				
	CERTIFIED COPY			
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	CUS			
L	FILING LC APPER			
	Johnson Special Coatings (NTH America OPS), LC			
	(CORPORATE NAME AND DOCUMENT #)			
	(CORPORATE NAME AND DOCUMENT #)			
	(CORPORATE NAME AND DOCUMENT #)			
	(CORPORATE NAME AND DOCUMENT #)			
	(CORPORATE NAME AND DOCUMENT #)			
ECI	AL INSTRUCTIONS:			



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2010

CORPORATE ACCESS, INC.

TALLAHASSEE, FL

SUBJECT: JOHNSON SPECIAL COATINGS (NTH AMERICA OPS), LLC

Ref. Number: L09000105915

We have received your document for JOHNSON SPECIAL COATINGS (NTH AMERICA OPS), 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):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 610A00003830

DEPARTMENT OF STATE OF MISSION OF CORPORATIONS

2010 FEB 17 AN IO: 45

TO ACKNOWLEDGE
SUFFICIENCY OF FILLING

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Charles M. Kelly, Jr.		, hereby resigns as
N	ame of Registered Agent	
Registered Agent for	Johnson Special Coati	ngs (NTH America OPS), LLC
and the physical contraction of the contraction and the state of the deputy week the contraction of	Name of Limited Liability Con	npany
L090001		,
Document Numb	er, if known	
A copy of this resignation	was mailed to the above listed lim	ited liability company at its last known address.
The agency is terminated a	nd the office discontinued on the	31st day after the date on which this statement is filed.
	Mighting of Res	igning Agent
If signing on behalf of an e	ntity:	
_		
	Typed or Printed No	ime

Capacity

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

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

INHS17 (08/05)