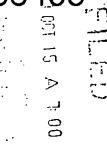
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(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		•			

Office Use Only

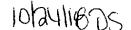


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OCT 1 5 2013



COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations		
SUBJECT:	ALL GLASS PRODUCT	S, LLC	
Sebule 1.	(Name of	Limited Liability Co	inpany)
The enclosed	member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to:	
HENRY ZA	FFALON		<u></u>
	(Contact Person)		
ALL GLASS	S PRODUCTS, LLC		, >
	(Firm/Company)		· · · .
2374 J ANE	C BLVD.		<
	(Address)		_
NAPLES, F	LORIDA 34109		
	(City/State and Zip Code)		_
For further in	formation concerning this r	natter, please call:	
HENRY ZA	FFALON	239	288.0521
(N	ame of Contact Person)	·	e & Daytime Telephone Number)
Enclosed plea □ \$25 Filing	ase find a check made payab Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

			~ 7
1. The name of the	limited liability company as	it appears on the records of the	Florida Department
ALI	_ GLASS PRODUCTS, LL	.C	<u> </u>
of State is:			
2. The Florida docu	ument/registration number as	ssigned to this limited liability co	ompany is;>
L1000005483	6		٠ بي ا
		. <u> </u>	00
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:	09/29/2018
	WALKOWSKI	-g 3	
	lame of Person Resigning)	hereby withdraw/resign as	s a
	, ,		
MANAGER-M	MEMBER		
-	(Print Title)		
of this limited lia resignation in wr		e limited liability company has b	oeen notified of my
-Ridel	Mell		
Signature of Di	ssociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		