

L10000106508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

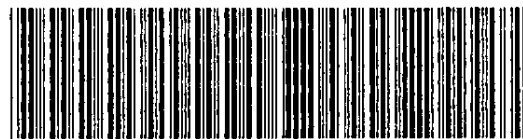
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/15/11--01021--010 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 15 2011

EXAMINER

Wrong form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2011

OSCAR SOTO, ESQ.
SOTO LAW GROUP, LLC
2400 EAST COMMERCIAL BLVD. SUITE 400
FORT LAUDERDALE, FL 33069

SUBJECT: HURRICANE IMPACT GLASS AND ALUMINUM, LLC
Ref. Number: L10000106508

We have received your document for HURRICANE IMPACT GLASS AND ALUMINUM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 111A00004140

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hurricane Impact Glass and Aluminum, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Angela D. Soto
(Contact Person)

Hurricane Impact Glass and Aluminum, LLC
(Firm/Company)

2400 E. Commercial Blvd, Suite 400
(Address)

Ft. Lauderdale, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Soto at (954) 240-2091
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee
Previously Submitted

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

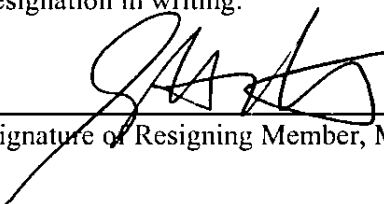
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Hurricane Impact Glass and Aluminum, LLC.

2. This limited liability company was organized under the laws of:
Florida.

3. The Florida document/registration number of this limited liability company is:
L10000106508.

4. I, Angela D. Soto, hereby resign as a Manager
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA