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> > J. SAULSBERRY EXAMINER

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COVER LETTER

Division of Corporations			
	I GLASS & ALUMINUM, LLC		
Name of	Limited Liability Company		
Dear Sir or Madam:			
Kesisnatin	ω		
The enclosed Registered Agent Registered	WOFfice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
LEO A. BERCHTOLD			
Name of Person			
ENVISION GLASS & ALUMINU Firm/Company	M, LLC	- AON 216Z	
729 DEAN WAY	 መ የእ	र्ड ज	
Address		# ₹	
	FLORIUS 22-010	9	
FORT MYERS, FL 33908	22019	50	
City/State and Zip Code	_ <u>>> 11 .1</u>		
INFO@ENVISIONGLASSLLC. E-mail address: (to be used for future annual report	COM		
E-mail address: (to be used for future annual report	notification)		
For further information concerning this matt	ter, please call:		
LEO A. BERCHTOLD	at (239) 481-2929		
Name of Person	Area Code & Daytime Telephone Number	******	
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		
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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

Pursuant to the provision	ns of section 608,416(2) or 608,5	09, Florida Statutes, the	undersigned,			
	EO A. BERCHTOLD Name of Registered Agent	, hereby	y resigns as			
Registered Agent for	egistered Agent forENVISION GLASS & ALUMINUM, LLC					
	Name of Limited Liability					
	0022650 mber, if known					
A copy of this resignation	n was mailed to the above listed	limited liability compan	y at its last know	n address.		
The agency is terminated	and the office discontinued on	the 31st day after the dat	te on which this s	tatement is f	filed.	
	Lo a Buch Signature of	TResigning Agent		SE SE	2mg	
If signing on behalf of a	n entity:			A 2 2	AUN 61-15	
	ENVISION GLASS & Typed or Printe			3388 5.4.33	, Д	
	Reg. Agent, Pres. & Se	cretary. & Member		(1907) 11915 1291 1391 1391 1391 1391 1391 1391 1391	. E	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 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withdrawn limited liability company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