

11000139300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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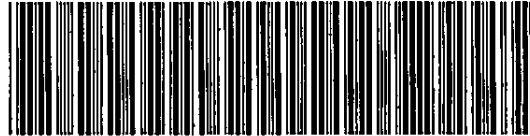
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 17 2016  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PIONEER ARCHITECTURAL SYTEMS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000139300

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:

**JEREMY OLSON**

Name of Person

**PIONEER ARCHITECTURAL SYSTEMS**

Name of Firm/Company

**330 LEMON LANE**

Address

**CASSELBERRY, FL 32707**

City/State and Zip Code

**JEREMY@PIONEERARCHITECTURAL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JEREMY OLSON**

Name of Person

at ( 407 )

Area Code

**408-3932**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

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

### STREET ADDRESS:

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

2016 MAY 18 P 11 09  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**HEATHER OLSON**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_

**PIONEER ARCHITECTURAL SYSTEMS**

\_\_\_\_\_  
Name of Limited Liability Company

**L11000139300**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

2016 MAY 16 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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