L120000001250

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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04/02/14--01005--027 **110.00

14 APR -2 PH 28 BI

Res No. 4.0.14

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,		
Virginia Living Ston, hereby resigns as Name of Registered Agent,		
Registered Agent for North Florida Industrial Service	<u>s</u> 1	LC
Name of Limited Liability Company		_,
412000007250	•	
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at its last known a	ddress	-
The agency is terminated and the office discontinued on the 31st day after the date on which this state	ment i	is filed.
If signing on behalf of an entity:		
Typed or Printed Name		
Capacity		ى
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	14 APR -2 PH 24	7404885 49 NW 158 AS 40,487£38538 GENERAL

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