

L120000094340

(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:

*Designated
by R.A.*

Office Use Only



800250757658

08/20/13--01010--004 **05.00

FILED
2013 AUG 20 AM 8:25
CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA

J. SAULSBERRY
EXAMINER
AUG 22 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Storm Zone Windows & Doors, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000094340

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:

Allen Perl

Name of Person

Storm Zone Windows & Doors, LLC

Name of Firm/Company

1 Harbour Way #307

Address

Bal Harbour, FL. 33154

City/State and Zip Code

miamigc@gmail.com

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

For further information concerning this matter, please call:

Allen Perl

Name of Person

at (305) 332-7174

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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

2013 AUG 20 AM 8:25
FL. DEPT. OF STATE
DIV. OF CORP. REG.

2013 AUG 20 AM 8:25

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Allen Perl

Name of Registered Agent

, hereby resigns as

Registered Agent for Storm Zone Windows & Doors, LLC

Name of Limited Liability Company

L12000094340

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:

Allen Perl

Typed or Printed Name

Registered Agent / Manager

Capacity

2013 AUG 20 AM 8:15
FILED
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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