2000094340

(Re	equestor's Name)	
(Ac	dress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

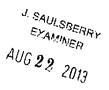
Office Use Only



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COVER LETTER

Storm Zone Windows & Doors, LLC

TO: Amendment Section Division of Corporations

Name of Limited Liability	Company	
DOCUMENT NUMBER: L12000094340	, a magnetic field	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fo	ee are submitted
Please return all correspondence concerning this matter to the	ne following:	
Allen Perl		
Name of Person		
Storm Zone Windows & Doors, LLC Name of Firm/Company		
1 Harbour Way #307		
Bal Harbour, FL. 33154 City/State and Zip Code		2013 AUG 20
miamigc@gmail.com E-mail address: (to be used for future annual report notification)		620 AM
For further information concerning this matter, please call:		∞
Allen Perl at (305)	332-7174	25 25
Name of Person Area Code	& Daytime Telephone Num	ber
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve	t of State for \$85.00 for ar d, voluntarily dissolved or	ractive limited withdrawn limited

MAILING ADDRESS:

liability company.

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ection 608.416(2) or 608.509, Flori	da Statutes, the u	ndersigned.			
Allen Perl , hereby resigns as							
	of Registered Agent		·	8			
Registered Agent for Storm	Zone Win	idows & Doc	ors, LLC				
	Name of Limite	ed Liability Company					,
L12000094340							
Document Number, if	known						
A copy of this resignation was	mailed to the ab	ove listed limited l	iability company	at its last k	nown ac	ldress.	
The agency is terminated and the	he office discont	tinued on the 31st o	day after the date	on which th	nis state	ment is	; filed.
	m	Signature of Resigning) Aveni	_			
If signing on behalf of an entity					w.,		
	Allen Perl			- 3	2013		
Alle		oed or Printed Name		_	e e da Ale	2013 A ug	1.
Rea		nt / Manager			, :- ;	6 20	**************************************
<u>· · · · · · · · · · · · · · · · · · · </u>		Capacity		_	**************************************		*
					STAT	ÅH 8:	
					⊒.w	5	
	<u>FILING F</u> \$ 85.00 \$ 25.00	EES: Active limited lia Administratively withdrawn limite	dissolved/ volunt	tarily dissol my	lved/		

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