

L12000140586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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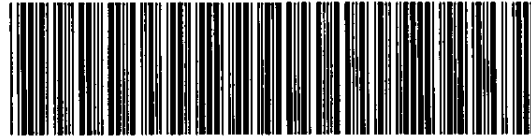
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lexington Design + Fabrication East, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000140586

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:

Lara Buitrago

Name of Person

LEXINGTON ACQUISITION INC.

Name of Firm/Company

12660 BRANFORD STREET

Address

PACOIMA, CA 91331

City/State and Zip Code

lbuitrago@lex-usa.com

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

For further information concerning this matter, please call:

Dave Piper

Name of Person

at (407) 578-4720

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Tom Hughes

Name of Registered Agent

, hereby resigns as

Registered Agent for LEXINGTON DESIGN + FABRICATION EAST, LLC

Name of Limited Liability Company

L12000140586

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.

Tom Hughes

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 withdrawn limited liability company

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TALLAHASSEE, FLORIDA

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