2/5/2020 Electronic Filing Cover Sheet

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(((H20000041259 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

: (727)442-1200

Fax Number : (727)443-5829

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LLC REGISTERED AGENT RESIGNATION FLORIDA STEEL BUILDING SYSTEMS, L.L.C.

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TO: Registration Section Division of Corporations

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COVER LETTER

FLORIDA STEEL BUILDING SYSTEMS, L. SUBJECT:			<u> </u>	
Name of Limited	Liability Co	ompany		•
DOCUMENT NUMBER: L13000058767			<u> </u>	· . -
The enclosed Resignation of Registered Agent for a for filing.	Limited L	iability Com	pany and fee a	re submitted
Please return all correspondence concerning this ma	tter to the	following:		
ALAN S. GASSMAN, ESQUIRE			:	
Name of Person			••	
GASSMAN, CROTTY & DENICOLO, P.A.				
Name of Firm/Company				
1245 COURT STREET				_,
Address				5f 1V/10 20
CLEARWATER, FL 33756				HEB HEB
City/State and Zip Code			٠,	
				5 P 27 0
E-mail address: (to be used for future annual report notifi	ication)			or si
For further information concerning this matter, please	se call:			: 33
CARLA GUIDRY 727	4	42-1200		3.5

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Street Address:

Area Code Daytime Telephone Number

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the	undersigned,
ALAN S. GASSMAN		, hereby resigns as
	Name of Registered Agent	, , noroo), roo.B.to a
Registered Agent for	FLORIDA STEEL BUILDING SYSTEMS, L.	L.C
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L13000058767		
Document	Number, if known	
	tion was mailed to the above listed limited liable and the office discontinued on the 31st da	y after the date on which this statement is filed.
If signing on behalf or		SLOVED VICTORY AND A STATE OF THE PARTY OF T
	Typed or Printed Name	5 PH 5
	Capacity	STAIL ORATIONS
,	<u> FILING FEES:</u>	

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

\$ 85.00 \$ 25.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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