## L13000105100

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rusuality of the provisions of section 608.4 fo(2) or 608.509, Florida Startles, the undersigned,	
Dennis J. Vignetti , hcreby resigns as	
Name of Registered Agent	
Registered Agent for	•
Surface Restoration & Design of FL, LLC	
Name of Limited Liability Company	
L13000105100	
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 Examing Agent	
	1
	Taran Taran
Manager Capacity  Capacity	T J

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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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

INHS17 (08/05)