L13000 118330

| (Re | equestor's Name) | | |
|---|--------------------|-----------|--|
| (Ad | dress) | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phone | #) | |
| PICK-UP | WAIT | MAIL | |
| (Bu | siness Entity Nam | e) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| Thomason Installation L.L.C. | - |
| Name of Limited Liability | Company |
| DOCUMENT NUMBER: L13000118330 | · · · · · · · · · · · · · · · · · · · |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to the | ne following: |
| United States Corporation Agents, Inc. | |
| Name of Person | |
| Legalzoom.com, Inc. | |
| Name of Firm/Company | |
| 9900 Spectrum Dr. | |
| Address | |
| Austin, TX 78717 | |
| City/State and Zip Code | |
| raresignations@legalzoom.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| at (| 773-0888 |
| Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi | ons of section 605.0115, Florida Statutes, the unde | rsigned, | | m.3 |
|--|---|-----------------------|------|--------------|
| United States Corporation Agents, Inc. | | _ , hereby resigns as | , , | 2621 JUH - |
| | | | | ا الألال |
| | | | 1 | |
| _ | | | va . | MA 71: 14:5 |
| | Name of Limited Liability Company | | | |
| L13000118330 | | | : | 2 |
| Document N | Number, if known | | | |
| | ion was mailed to the above listed limited liability and the office discontinued on the 31st day after signature of Resigning Agent | | | |
| lf signing on behalf of | an entity: | | | |
| | Cheyenne Moseley | | | |
| | Typed or Printed Name | 7 | | |
| | Asst. Secretary for United States Corporation Age | ents, Inc. | | |
| | Capacity | | | |

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