Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number   : (850)617-6383

From:

Account Name   : A1A REGISTERED AGENT INC.
Account Number   : I20090000032
Phone   : (561)792-2236
Fax Number   : (561)202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
CHALKBOARD INSTALLATIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$85.00

STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY

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

SUPERBIZ REGISTERED AGENT, INC.
_____ , hereby resigns as
Name of Registered Agent

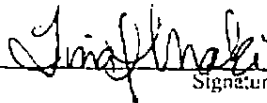Registered Agent for CHALKBOARD INSTALLATIONS LLC
_____

_____
Name of Limited Liability Company

L13000145482
_____
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 Resigning Agent

If signing on behalf of an entity:

TINA MAKI
_____
Typed or Printed Name

DP
_____
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           withdrawn limited liability company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

INHS17 (2/14)