

L13000177716

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

QRM
10/14/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME IMPROVEMENT USA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: ~~L13000177716~~ L13000177716

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:

CHRISTOPHER WOOD.

Name of Person

N/A.

Name of Firm/Company

P.O. BOX 1032

Address

WINDERMERE, FL. 34786.

City/State and Zip Code

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

For further information concerning this matter, please call:

CHRIS WOOD

Name of Person

at (407) 435 4444.

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CHRISTOPHER PAUL WOOD

Name of Registered Agent

, hereby resigns as

Registered Agent for

HOME IMPROVEMENT USA, LLC

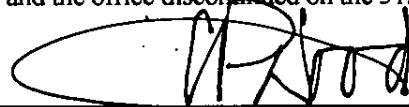
Name of Limited Liability Company

L13000177716

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:

Typed or Printed Name

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**