L14000138004

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

SEP. O 8 2015 STIFFFE

COVER LETTER

Registration Section Division of Corporations

TO:

·					
SUBJECT: Stranghr Line Alminum Consmission / C Name of Limited Liability Company	cc		2.		
DOCUMENT NUMBER: <u>614000138004</u>					
The enclosed Resignation of Registered Agent for a Limited Liability Company for filing.	and fee	e are su	bmitted		
Please return all correspondence concerning this matter to the following:					
Richard R BANTOE ST Name of Person					
Name of Firm/Company					
4330 Scorrish Per Address	SEI TALL	2011			
North Port F2 34288. City/State and Zip Code	CRETARY	SEP -4			
E-mail address: (to be used for future annual report notification)	e. FLO	ب ص س			
For further information concerning this matter, please call:	RIDA	t d			
Richard Barroce at (239) 634-34/1 Name of Person at (239) Daytime Telephone	Numbe	er er			
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.					

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115,	Florida Statutes, the ur	ndersigned,		
Richard)	R. Barro E Name of Registered Agent	5R	, hereby resig	gns as	
Registered Agent for	57mghr 19	re Alimina	m Cons	men ^e	on ICCC
	Name of Limite	d Liability Company			· · · · · · · · · · · · · · · · · · ·
<u>C / 4 000</u> Document	/38004 Number, if known				
A copy of this resigna	tion was mailed to the abo	ove listed limited liabil	ity company at i	ts last know	n address.
The agency is termina	ted and the office disconti	inued on the 31st day a	after the date on	which this s	statement is filed.
	Thehe!	Screw Signature of Resigning Age	nt .		
If signing on behalf of	an entity:				
	Richard R Type Si	BATTOE S. ed or Printed Name CIF Capacity	<u> </u>	SECRETAR TALLAHASS	
	FILING F) \$ 85.00 \$ 25.00	EES: Active limited liability Administratively disso withdrawn limited lia	y company bived/voluntari bility company	₩, ₩, ₩,	m

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