

L 15000166710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

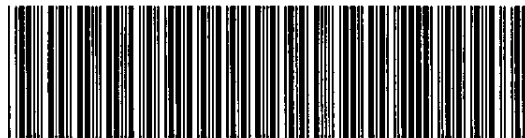
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EXAMINER
DEC 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Florida Window
Name of Limited Liability Company

DOCUMENT NUMBER: L15000166710

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:

Jeffrey Korba
Name of Person

All Florida Window Parts Inc
Name of Firm/Company

490 E Copans Rd
Address

Pompano Beach FL 33064
City/State and Zip Code

Korba, Jeff @ a mail . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Korba at (954) 806 8578
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Steven Chormicle

Name of Registered Agent

, hereby resigns as

Registered Agent for All Florida Window Parts Inc

Name of Limited Liability Company

L15000166710

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.

Steven Chormicle

Signature of Resigning Agent

If signing on behalf of an entity:

Steven Chormicle

Typed or Printed Name

Owner

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withdrawn limited liability company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

FILED
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TALLAHASSEE, FLORIDA
CLERK OF THE COURT