

L15000166710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

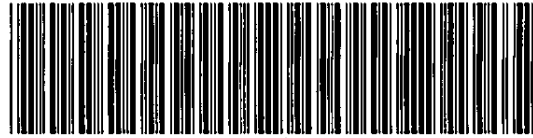
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17 MAY 31 PM 4:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Florida Window Parts LLC

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 LLC

Name of Firm/Company

490 East Copans Road

Address

Pompano Beach/FL/33062

City/State and Zip Code

Rpkorba@gmail.com

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

For further information concerning this matter, please call:

Ramona Perez-Korba

at (954) 383-2775

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA
2017 MAY 31 PM 04:02 40

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Jeffrey Korba

Name of Registered Agent

, hereby resigns as

Registered Agent for All Florida Window Parts LLC

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Jeffrey Korba
Typed or Printed Name
CEO
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 31 PM 4:40

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