

0 1  
L1600000064679

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

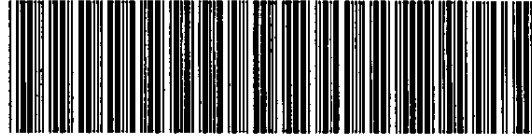
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700288907167

08/15/16--01041--027 \*\*85.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 15 A 10:43

FILED

AUG 16 2016  
BRICE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Architectural Wholesale Supply, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L16000064679

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:

Joseph Muraco  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

13909 Lynmar Blvd.  
Address

Tampa, FL 33626  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph Muraco at ( 813 ) 925-0144  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2016 AUG 15 A 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ONE MANTA, hereby resigns as  
Name of Registered Agent

Registered Agent for Architectural Wholesale Supply, LLC  
Name of Limited Liability Company

L16000064679  
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.

8/11/16  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00

\$ 25.00

Active limited liability company  
Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

FILED  
2016 AUG 15 A 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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