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| (Requ | uestor's Name) | | | |
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| (Addı | ress) | | | |
| (Addi | ess) | | | |
| (City/ | State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busi | ness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Dalian International Quality Wooden Produ | · |
|--|---|
| Name of Limited Liability | y Company |
| DOCUMENT NUMBER: L16000177598 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | d Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to the | he following: |
| United States Corporation Agents, Inc. | |
| Name of Person | - |
| Legalzoom.com, Inc. | |
| Name of Firm/Company | - |
| 9900 Spectrum Dr. | |
| Address | • |
| Austin, TX 78717 | |
| City/State and Zip Code | |
| | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Janna Pantoja 1 800 | 773-0888 x3950 |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ons of section 605 0115, Florida Sta | tutes, the undersigned, | |
|---------------------------|---------------------------------------|-----------------------------------|------------------------------------|
| United States Corp | poration Agents, Inc. | , hereby resigns : | 35 |
| -11. | Name of Registered Agent | : nerecy resigns : | CO |
| Registered Agent for _ | Dalian International Quality W | ooden Products, LLC | |
| | Name of Limited Liability Co | ompany | · |
| L16000177598 | | | |
| Document N | iumber, if known | | |
| A copy of this resignat | ion was mailed to the above listed li | mited liability company at its la | ast known address. |
| The agency is terminate | ed and the office discontinued on th | e 31st day after the date on whi | ch this statement is filed. |
| | $\underline{\hspace{1cm}}$ | | |
| | Signature of 8 | Resigning Agent | SE SE |
| If signing on behalf of | an entity: | | ECKE 8 00 |
| | Cheyenne Moseley | | PIL OCT 24 CRUARY LAHASSE |
| | Typed or Printed | Name | en 5"\" |
| | Asst. Secretary for United States | Corporation Agents, Inc. | TOP AT U |
| | Capacity | | AMIO: 51 OF STATE |

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, F1, 32314