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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A&D Fabrication LLC Name of Limited Liabi	
DOCUMENT MUMBER L18000244167	my Company
The enclosed Resignation of Registered Agent for a Limitor filing.	——————————————————————————————————————
Please return all correspondence concerning this matter to	the following:
Thomas J. Dobbins	
Name of Person	
Trow & Dobbins, P.A.	
Name of Firm/Company	
1301 NE 14th Street	
Address	
Ocala, FL 34470	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call	l:
Thomas J. Dobbins 352	369-8830
Thomas J. Dobbins at (352 Name of Person Area Coc	de Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmeliability company or \$25.00 for an administratively dissolimited liability company.	ent of State for \$85.00 for an active limited ved, voluntarily dissolved or withdrawn

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the pro-	visions of section 605.0115. Florida Statutes, the ur	ndersigned.
Trow, Dobbins & Pisani, P.A.		-
		, hereby resigns as
Registered Agent fo	A&D Fabrication LLC	
	Name of Limited Liability Company	·
L18000244167		
Docume	nt Number, if known	
	nation was mailed to the above listed limited liabili	
	Signature of Resigning Ager	n ~ ~
If signing on behalf	of an entity:	ZOZO HAY
	Thomas J. Dobbins	
	Typed or Printed Name	22
	President	
	Capacity	1 8: 08 1 8: 08

\$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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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