LZZJOO068762

(Rec	questor's Name)	
(Ado	dress)	
(Add	dress)	
(Cit)	//State/Zip/Phone	: #)
PICK-UP		
(Business Entity Name)		
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
<u>.</u>		

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04/30/24--01025--020 **25.00



Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Ward's Welding & Glass Replacement LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L22000068762

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:

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

raresignations@legalzoom.com

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

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

, hereby resigns as

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

United States Corporation Agents, Inc.

Name of Registered Agent

Registered Agent for ______ Ward's Welding & Glass Replacement LLC

Name of Limited Liability Company

L22000068762

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.

2024 APR Ð Resigning Agent If signing on behalf of an entity: 2 Cheyenne Moseley \sim Typed or Printed Name ā Asst. Secretary for United States Corporation Agents, Inc. CD.

Capacity

FILING FEES:

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ volu

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