

L22000082976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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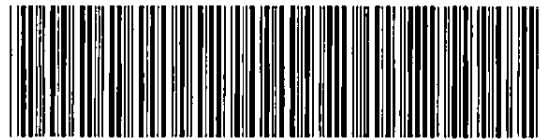
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Ra Resignation*

APR 16 2024

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sky-View Glass LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L27000082976

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:

Brant Fish  
Name of Person

Sky-View Glass  
Name of Firm/Company

6410 NE 25<sup>th</sup> Ave.  
Address

Ocala/FL 34479  
City/State and Zip Code

fish@skyviewglasscompany.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brant Fish at ( 352 ) 368-5030  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
FLORIDA

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

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

Charles Eric Sicking

Name of Registered Agent

, hereby resigns as

Registered Agent for

Sky - View Glass LLC

Name of Limited Liability Company

L220000 P2976

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.

Charles E. Sicking

Signature of Resigning Agent

If signing on behalf of an entity:

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

\_\_\_\_\_  
Capacity

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2024 MAR 11 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

## 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