

L22000 503203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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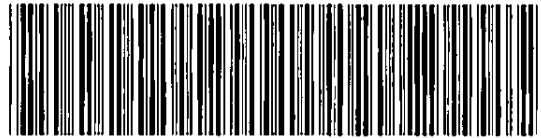
(Business Entity Name)

(Document Number)

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Ra Resignation

APR 16 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Windowman 352
Name of Limited Liability Company

DOCUMENT NUMBER: L22000503203

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:

Brent Fish
Name of Person

Windowman 352
Name of Firm/Company

6410 NE 25th 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:

Brent Fish at (352) 362-5030
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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2024 MAR 11 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Eric S. King

Name of Registered Agent

, hereby resigns as

Registered Agent for Windowman 352 LLC

Name of Limited Liability Company

L22000503203

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.

x [Signature]

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