Division of Corporations lectronic Filing Cover Shee

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC REGISTERED AGENT RESIGNATION PRECISION SURFACING SOLUTIONS SPG LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRECISION SURFACING SOLUTIONS	S SPG LLC
Name of Limited Liab	pility Company
DOCUMENT NUMBER: L23000170058	
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Name of Firm/Company	
Corporate Center One, 5301 Southwest Parkway, Suite	· 400
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please ca	all:
Mary Castillo at (888	705-7274
Name of Person Area C	ode 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pagistared Agen				
Registered Agen	t Solutions, Inc.	, h	nereby resigns as	
	Name of Registered Age	nt	• •	
Registered Agent for	PRECISION SURI	FACING SOLUTIONS SP	PG LLC	
	Name of Lir	nited Liability Company		
	Traine of Isi	need Elisating Company		
L23000170058				
Document	Number, if known			
A copy of this resigna	ation was mailed to the	above listed limited liability co	mpany at its last know	n address.
The agency is termin	ated and the office disco	entinued on the 31st day after the	ne date on which this s	statement is med
If signing on behalf o	of an entity:	Signar ite of Resigning Agent		
If signing on behalf o	of an entity: Mackenzie Hib			
If signing on behalf o	Mackenzie Hib			-
If signing on behalf o	Mackenzie Hib	der .		
If signing on behalf o	Mackenzie Hib	er yped or Printed Name	ns, Inc.	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314