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EXAMINER



September 28, 2012

Amendment Section Division Of Corporations Florida Dept. of State P. O. Box 6327 Tallahassee, FL 32314

Re: Southern Metal Products, LLC

Dear Sir or Madam:

Enclosed is your form INHS17 Resignation of Registered Agent for a Limited Liability Company together with check in the amount of \$85.00. Kindly file my resignation.

By copy of this letter and I am furnishing a copy of my resignation to Southern Metal Products, LLC.

With best regards,

Adam G. Adams III

AGA:ps Enclosures

cc: Southern Metal Products, LLC 3473 Satellite Boulevard, Suite 211

Duluth, GA 30096

BOSTON BRUSSELS CHICAGO DETROIT JACKSONVILLE LOS ANGELES MADISON MIAMI MILWAUKEE NEW YORK ORLANDO SACRAMENTO SAN DIEGO SAN DIEGO/DEL MAR SAN FRANCISCO SHANGHAI SILICON VALLEY TALLAHASSEE TAMPA TOKYO WASHINGTON, D.C.

ATTORNEYS AT LAW

P. O. BOX 240

100734-0101

904.359.2000 TEL 904.359.8700 FAX foley.com

WRITER'S DIRECT LINE 904.359.8797

aadams@foley.com EMAIL

CLIENT/MATTER NUMBER

ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202-5017

JACKSONVILLE, FL 32201-0240

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
·			
SUBJECT: SOUTHERN META Name of Limite	AL PRODUCTS, LLC ed Liability Company		
DOCUMENT NUMBER:	بن المارة		
The enclosed Resignation of Registered Agent fo for filing.	r a Limited Liability Company and fee are submitted		
Please return all correspondence concerning this	matter to the following:		
Adam G. Adams, III, Name of Person			
Foley & Lardner, LLP Name of Firm/Company			
One Independent Drive #1300 Address			
Jacksonville, FL 32202 City/State and Zip Code			
E-mail address: (to be used for future annual report n	otification)		
For further information concerning this matter, pl	ease call:		
Adam G. Adams III at (	904 ) 359-8797 Area Code & Daytime Telephone Number		
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative limited liability company.	Department of State for \$85.00 for an active limited ly dissolved, voluntarily dissolved or withdrawn		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ection 608.416(2) or 608.509, Flori	rida Statutes, the undersigned
Adam	n G. Adams, III	3
	of Registered Agent	, hereby resigns as
Hante	or Registered Agent	الله الله الله الله الله الله الله الله
Registered Agent for	SOUTHERN META	L PRODUCTS, LLC
		AUT
	Name of Limited Liability Company	у
M010000011	161	
Document Number, if	known	
The agency is terminated and t	he office discontinued the 31st of Signature of Resignin	liability company at its last known address.  day after the date on which this statement is filed.  ng Agent
If signing on behalf of an entity	<i>7</i> :	
	Typed or Printed Name	<del></del>
	Capacity	

### St.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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