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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

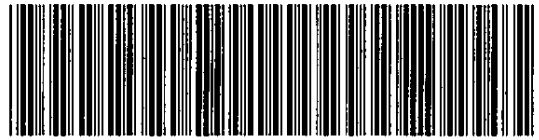
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TALLAHASSEE, FLORIDA

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APR 21 2009

EXAMINER

MO4-3791

BMHC
720 Park Blvd., Ste 200
Boise, ID 83712

April 16, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Withdrawal of Authority

Attached is an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for A-1 Building Components, LLC.

Please let me or Lesa Thomas (208-331-4382) know if there are any additional items needed to complete this request.

Sincerely,



Paul S. Street
Secretary of Member
A-1 Building Components, LLC

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-1 Building Components, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lesa Thomas
(Name of Person)

BMHC
(Firm/Company)

P.O. Box 70006
(Address)

Boise, ID 83707
(City/State and Zip Code)

For further information concerning this matter, please call:

Lesa Thomas at (208) 331-4382
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

A-1 Building Components, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

P.O. Box 9878

(Mailing address)

Boise, ID 83707

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Paul S. Street, Secretary of Member

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00