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SECRETARY OF STATE
JIVISION OF CORETRATIONS



COVER LETTER

Registration Section

TO:

Division of	Corporations			
SUBJECT:		BUILDING PROFESSI		
	(Name of F	Foreign Limited Liabilit	y Company)	
Dear Sir or Madam:				
The enclosed withdra	awal and fee(s) are submitted	d for filing.		
Please return all corr	espondence concerning this	matter to the following:		
	MICHAEL WEBER			
	(Name of Person)		•	2
				SEGRETARY OF STATES
UNIVE	RSAL FOREST PRODUCT	S, INC.		19 SR SF
	(Firm/Company)	,	_	T FORE
				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
28	01 E. BELTLINE AVE.	. NE		
	(Address)	, 111		5
GRAND RAPIDS, MI 4952		525	 -	-
	(City/State and Zip Code)			
For further informati	on concerning this matter, p	olease call:		
MI	CHAEL WEBER	at	616-364-6161	
(1)	Name of Person)	(Area Cod	le & Daytime Telepho	one 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 t	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	

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

ATLANTIC BUILDING PROFESSIONALS, LLC (Name of limited liability company)
MICHIGAN (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.
GRAND RAPIDS, MI 49525 (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)
MICHAEL R. COLE (Typed or printed name of signee)

Filing Fee: \$25.00