M0700007295

(Re	equestor's Name)	 			
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(Address)					
(City/State/Zip/Phone #)					
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GFRC CLADDING SYSTEMS, LLC

Name of Limited Liability Company

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:

Elizabeth A. Straub				
Name of Person				
National Corporate Research, Ltd., Inc.				
Name of Firm/Company				
850 New Burton Road, Suite 201				
Address				
Dover, DE 19904				
City/State and Zip Code				

DOCUMENT NUMBER: M07000007295

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Straub at (866) 621-3524

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes	s, the undersigned,		
National Corporate Research, Ltd., Inc.			. hereby resig	, hereby resigns as	
	Name of Registered Age	nt	,,	,	
Registered Agent for					
GFRC CLADDING	SYSTEMS, LLC				
	Name of Lin	nited Liability Compa	iny	··	
M07000007295					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	above listed limite	ed liability company at i	ts last known address.	
The agency is terminated	d and the office disco	ontinued on the 31	st day after the date on	which this statement is filed	
		A Signature of Resign	ning Agent		
If signing on behalf of a	n entity:			72 20 16 20 16 16 16 16 16 16 16 16 16 16 16 16 16	
Florence Spelzhausen				2016 HAR	
	Typed or Printed Name				
Assistant Secretary				SECON E TO	
		Capacity		505 1	
				50 ATE JRIDA	
	FILING \$ 85.00	FEES:	liability company		
	\$ 25.00	Administrative withdrawn lim	liability company ely dissolved/voluntaril nited liability company	ly dissolved/	

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