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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023 : (850)222-1(92

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL ACI GLASS PRODUCTS, LLC

Certificate of Status	0
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C. LEWIS

SEP 2 6 2011

EXAMINER

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COVER LETTER:

TO: Registration Division of	n Section Corporations		
SUBJECT:		ACI Glass Products, LL	c
(Name of Foreign Limited Liability Company)			Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all con	respondence concerning this	matter to the following.	
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	(Nume of Person)		
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	(Address)		
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For further informat	ion concerning this matter, p	oleuse call:	
· · · · · · · · · · · · · · · · · · ·		ar (Daytime Telephone Number)
(N	ame of Person)	(Area Code &	Daytime Telephone Number)
Registratio Division of Clifton Bui 2661 Exect	Corporations Iding ative Center Circle	Regist: Divisic P.O. B	ING ADDRESS: ntion Section n of Corporations ix 6327 ssee, Florida 32314
	o, Florida 32301 is for the following amount:		
_	-		5 5 5 5 5 5 11 5 5
□ \$25 Filing Fee	Certificate of Status	☐ \$55 Filing Pec & Certified Copy	Certificate of Status & Certified Copy

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

ACI Glass Products, LLC	
(Name of limited liability company)	
Delaware (Jurisdiction of its organization)	
(Junisolation of its organization)	
M)1000001885	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and surrer authority to transact business in this state.	iders its
This limited liability company revokes the authority of its registered agent to accept se its behalf and appoints the Department of State as its agent for service of process bas cause of action arising during the time it was authorized to transact business in Florida.	rvice on ed on a
10200 NW 67th Street	
(Mailing address)	
Tamerac, FL 33321	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future change in its malling address.	of any
(Signature of member or authorized representative of a member)	
Grace Kyrowska	722
(Typed or printed name of signee)	ZOII SEP 23 AM T: 40 SECRETARY OF STATE TALLAHASSEE, FLORID

Filing Fee: \$25.00

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