# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000052

Phone

: (850) 656-7956

Fax Number

: (850) 656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:

### LLC REGISTERED AGENT RESIGNATION ALLIANCE BUILDING SYSTEMS, LLC

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Certificate of Status	0	
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Estimated Charge	\$85.00	

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#### **COVER LETTER**

Division of Corporations		
SUBJECT: ALLIANCE BUILDING SYSTEM		
	nited Liability	Company
DOCUMENT NUMBER: M15000000593		
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning the	is matter to t	ne following:
TUNISHA SCOTT		
Name of Person	·-· ·	-
INCORPORATING SERVICES, LTD		
Name of Firm/Company		-
3500 S DUPONT HWY		
Address		-
DOVER, DELAWARE 19901		
City/State and Zip Code		-
ACCOUNTING@INCSERV.COM		
E-mail address: (to be used for fature annual report	t notification)	•
For further information concerning this matter,	please call:	
TUNISHA SCOTT	302 t (	<b>531-0721</b>
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:	. "	et address:
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	rision of Corporations  Division of Corporations	
O. Box 6327 Clifton Building allahassee, FL 32314 2661 Executive Center Circle		
Administry 1 L JAJ 17		ssee, FL 32301

INH\$17 (2/14)

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuent to the provisions of section 505.0115, Florida Statutes	t, the undersigned,
INCORPORATING SERVICES, LTD	, hereby resigns as
Name of Registered Agent	
Registered Agent for ALLIANCE BUILDING SYSTEMS	LLC
Name of Limited Liability Compa	ng ,
M15000000593	
Document Number, if known	
A copy of this resignation was mailed to the above listed limite.  The agency is terminated and the office discontinue on the 31:  Signature of Resign	st day after the date on which this statement is filed.
If signing on behalf of an entity:	AND SERVICE AND
TUNISHA SCOTT	<u> </u>
Typed or Printed Name ASST. SECRETARY Capacity	
	55 865

FILING FEES:

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

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