M1300006526

	(Requestor's Name)
	(Address)
	(Address)
	(Crty/State/Zip/Phone #)
PICK-U	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
ertified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



500382405245



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

111011c. 030 330 1300							
ACCOUNT NO. : I2000000195							
REFERENCE : 588424 8347462							
AUTHORIZATION :							
COST LIMIT : \$ 185.00							
ORDER DATE : April 4, 2022							
ORDER TIME : 9:25 AM							
ORDER NO. : 588424-090							
CUSTOMER NO: 8347462							
RESIGNATION OF REGISTERED AGENT							
NAME: EDWARDS STEEL SOLUTIONS, LLC							
XX RESIGNATION OF RA							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							
CONTACT PERSON: Unassigned-EXT#							
EXAMINER'S INITIALS:							

COVER LETTER

EDWARDS STEEL COLUTIONS 11C	
SUBJECT: EDWARDS STEEL SOLUTIONS, LLC Name of Limited Liabilit	y Company
DOCUMENT NUMBER: M15000006526	y Company
The enclosed Resignation of Registered Agent for a Limito for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
RESIGNATIONS DEPARTMENT	
Name of Person	_
CORPORATION SERVICE COMPANY	
Name of Firm/Company	-
251 LITTLE FALLS DRIVE	
Address	_
WILMINGTON, DE 19808	
City/State and Zip Code	_
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
RESIGNATION DEPT 800	927-9801
Name of Person at (at Code) e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15, Florida Statutes, the unde	ersigned,	
CORPORATION SERVICE COMPANY			hereby resigns as	
	Name of Registered Ag		_ thereby resigns as	
Registered Agent for _	DWARDS STEEL SC	DLUTIONS, LLC		
	Name of Li	mited Liability Company		·
M15000006526				
Document N	umber, if known			
A copy of this resignati	ion was mailed to the	above listed limited liability	company at its last known ad	ldress.
The agency is terminate	ed and the office disc	ontinued on the 31st day afte	er the date on which this states	ment is filed.
		Eylina Bilit		
		Signature of Resigning Agent		
If signing on behalf of	an entity:			
	BY EYLIENA BAKER		• •	2022 APD5
		Typed or Printed Name		
	VICE PRESIDENT			٠ . :
		Capacity		
				ि ११ ११ १४
	THE INC	O PROC		72
	\$ 85.00 \$ 25.00	3 FEES: Active limited liability condition Administratively dissolves withdrawn limited liability.	ompany ed/ voluntarily dissolved/ ity company	ಬ

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314