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(((H05000089481 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273

076666002273

Phone

: (904)398-3911

Fax Number

PERSONAL

: (904)396-0663

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REGISTERED AGENT RESIGNATION

FLORIDA LAMINATED & TEMPERED GLASS CO.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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| APR | 12 | 2005 | 11:26AM | ROGERS | TOWERS |
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| NO. 0627 | _ P. | 2/3 | |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Florida Laminated & Tempered Glass Co. (Name of Corporation) |
| DOCUMENT NUMBER: F01000100285 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Tala A. Woods (Name of Person) |
| Rogers Towers, P.A. |
| (Name of Firm/Company) |
| 1301 Riverplace Blvd., Suite 1500 |
| (Address) |
| Jacksonville, FL 32207 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Till C. Sonth at (904) 346-5556 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 60 | 07.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|---|
| Florida Statutes, the undersigned, | Tala A. Woods |
| torida biatawa, tilo anaoraigrou, | (Name of Registered Agent) |
| hereby resigns as Registered Agent for | Florida Laminated & Tempered Glass co. |
| | (Name of Corporation) |
| F01000100285 | |
| (Document Number, if known) | - , |
| A copy of this resignation was mailed to | the above listed corporation at its last known address. |
| The agency is terminated and the office of this statement is filed. | discontinued on the 31st day after the date on which |
| Jala A | Wrods & S |
| If signing on behalf of an entity: | PR 12 PH |
| (T | yped or Printed Name) |
| | (Capacity) |

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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