P130000570ZZ

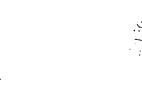
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

ТО:	Amendment Section Division of Corporations
CLIDI	EAGLE VIEW WINDOWS, INC.
SODI	(Name of Corporation)
DOC	UMENT NUMBER: P13000057022
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Paul A	rsenault
	(Name of Person)
Self	
	(Name of Firm/Company)
1908 (Dak Circle
•	(Address)
Atlant	ic Beach FL 32233
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Paul A	rsenault 904 962-5793 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned.	Paul Arsenault	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for Eagle View Windows, Inc		
. 3 3	(Name of Corporation)	
P13000057022		
(Document Number, if known)		
A copy of this resignation was mail	led to the above listed corporation at its last known address.	
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date on which	
·	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
	(Typed or Printed Name)	
-	(Capacity)	
	: ও	
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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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