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SECRETARY OF STATES

FALLAMASSEE ELORIES

SEP 2 6 2017

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: KD WINDOWS, INC) .
	of Corporation)
DOCUMENT NUMBER: S80548	
The enclosed Resignation of Registered Agent for	r a Corporation and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Michelle T. DiFilippi	
(Name of Person)	
(Name of Firm/Company)	
7381 SW 117 Terrace	
(Address)	
Pinecrest, FL 33156	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Michelle DiFilippi	305 235-1310 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida l or \$35.00 for an administratively dissolved, volume	Department of State for \$87.50 for an active corporation narily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Florida Statutes, the undersigned, Michelle T. DiFilippi (Name of Registered Agent) KD Windows, Inc. (Name of Corporation) S80548 (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 discontinued on the 31st day after the date on which this statement is filed. Multiplicate (Signature of Resigning Agent) If signing on behalf of an entity:	Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
hereby resigns as Registered Agent for KD Windows, Inc. [Name of Corporation] S80548 (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 discontinued on the 31st day after the date on which this statement is filed. [Signature of Resigning Agent] If signing on behalf of an entity:	Florida Statutes, the undersigned. Michelle T. DiFilippi	
(Name of Corporation) S80548 (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 discontinued on the 31st day after the date on which this statement is filed. Multiplic (Signature of Resigning Agent) If signing on behalf of an entity:	(Name of Registered Agent)	
S80548 (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 discontinued on the 31st day after the date on which this statement is filed. (Signature of Resighing Agent) If signing on behalf of an entity:	more of realigns as realistated registrated	
(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 discontinued on the 31st day after the date on which this statement is filed. **Tilippi** (Signature of Resigning Agent) If signing on behalf of an entity:	• • •	
A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. Market Last Rown address. Michael Copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. Signature of Resigning Agent) If signing on behalf of an entity:	S80548	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. Multiply (Signature of Resigning Agent) If signing on behalf of an entity:	(Document Number, if known)	
this statement is filed. Multin Maritippi (Signature of Resigning Agent) If signing on behalf of an entity:	A copy of this resignation was mailed to the above listed corporation at its last known addr	ess.
(Signature of Resigning Agent) If signing on behalf of an entity:		h
ASSE P. L.	Michie Moi Filippi	až i
ASSE P. L.	(Signature of Resigning Agent)	tra.
(Typed or Printed Name)	If signing on behalf of an entity:	FILE SEP 25
(Typed or Printed Name)		-0
2 · · · · · · · · · · · · · · · · · · ·	(Typed or Printed Name)	± ·
		A.
(Capacity)	(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