## 60000018451

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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: GE MARKET ENTERPRISES LLC (Name of Limited Liability Company)		
, , , , , , , , , , , , , , , , , , , ,		
DOCUMENT NUMBER: L02000018451		-
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subfor filing.	mitted	
Please return all correspondence concerning this matter to the following:		
EDGAR GALVIS GOMEZ	_	
(Name of Person)	35	
GE MARKET ENTERPRISES LLC	SEP-	<u>"Π</u>
(Name of Firm/Company)	2	1
801 WEST 49TH STREET SUITE 230	7	
(Address)	64:49	
HIALEAH, FLORIDA 33012	το:	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
EDGAR GALVIS GOMEZ at ( 305 ) 989 8515		
(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 liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdraw liability company.	nited 'n limi	ted

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416	(2) or 608.509, Florida Sta	atutes, the undersigned,			
SARA LILIANA ARIAS			, hereby resigns as			
	(Name of Registered Agent)					
Registered Agent for _	GE MARKET ENT	TERPRISES LLC				
	(Name of Lir	miled Liability Company)				·
L02000018451						
(Document Nu	unber, if known)		• • •			
A copy of this resignat	tion was mailed to the a	above listed limited liabilit	ty company at its last know	own add	ress.	
The agency is termina	ted and the office disco	ontinued on the 31st day af	iter the date on which thi	s statem	ent is	filed.
	5AQ (Sign	ALARIAS nature of Resigning Agent)	-			
If signing on behalf of	an entity:					
	SARA LILIANA	ARIAS	-			
	MGRM	Typed or Printed Name)	,	SEC	058	
	IVIGRIVI	(Capacity)	<del></del>	AH.	SEP	11
		(capacity)		ASS:	7	-
				E C	72	m
				FEC S	ند. نيو	U
	FILING	FEES:		ORIDA	6h : h H	
	\$ 85.00 \$ 25.00	Active limited liability Administratively disso withdrawn limited liab	lved/voluntarily dissolv	ved7	cit)	

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