Laa000276633

(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:

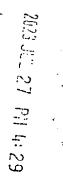
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Name of Limited Liability 1.22000276633	· ·
Name of Limited Liability	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
BRITTNEY FULGHUM	
Name of Person	-
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	•
3 GREENWAY PLAZA STE 1320	
Address	-
HOUSTON, TX 77046	
City/State and Zip Code	•
giritharan.nadarajah@gmail.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
BRITTNEY FULGHUM 888	534-3018
BRITTNEY FULGHUM Name of Person 888 at (Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve	at of State for \$85.00 for an active limited ed. voluntarily dissolved or withdrawn

Mailing Address:

limited liability company.

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 XX 75 Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Statutes, the undersig	gned,	
LEGALCORP SOLUTION	NS. LLC	ereby resigns as	
	Name of Registered Agent		
Registered Agent for GC	LOUD LLC		
	Name of Limited Liability Company		,
1.22000276633			
Document Nur	nber, if known		
	n was mailed to the above listed limited liability cor	•	
The agency is terminated	and the office discontinued on the 31st day after th	e date on which this state	ment is filed
	Signature of Resigning Agent		78 C) WE 27
If signing on behalf of an	entity:	· •	Pil I
	TRAVIS CRABTREE		
	Typed or Printed Name) D
	MEMBER		
	Capacity		

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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