

L18 000 266915

(V)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

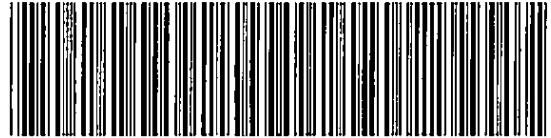
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500420589045

12/19/23--01016--007 **25.00

FILED

2023 DEC 19 PM 3:27

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAT LOGISTICS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000266915

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID M. MCDONALD

Name of Person

MCDONALD & MCDONALD, P.A.

Name of Firm/Company

P O BOX 669122

Address

MIAMI, FL 33166-9428

City/State and Zip Code

DMM@MCDONALDATTORNEYS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID M. MCDONALD

at (305) 643-5313

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DAVID M. MCDONALD, ESQ.

, hereby resigns as

Name of Registered Agent

Registered Agent for GAT LOGISTICS LLC

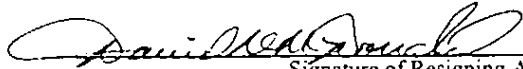
Name of Limited Liability Company

L18000266915

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Typed or Printed Name

Capacity

FILING FEES:

\$ 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

FILED
2023 DEC 19 PM 3:27
DIVISION OF STATE
TALLAHASSEE, FL