

200 000000 8181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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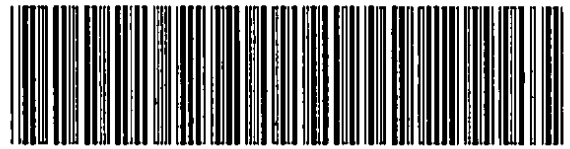
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: G.V. LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: 40000000 8181

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:

MICHAEL SUEVER
Name of Person

G.V. L.L.C.
Name of Firm/Company

14811 LAGUNA DRIVE UNIT #A502
Address

FORT MYERS FL. 33908
City/State and Zip Code

MJSUEVER@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SUEVER at (239) 266-4100
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

WILLIAM J. SHORACK, hereby resigns as
Name of Registered Agent

Registered Agent for G.V., L.L.C.
Name of Limited Liability Company

FEI # 65-1027065 L00000008181
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.

Diane H Romer
Signature of Resigning Agent

If signing on behalf of an entity:

DIANE H ROMER
Typed or Printed Name
DIRECTOR / OWNER
Capacity

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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withdrawn limited liability company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