# LDZ000024078

(Requestor's Name)				
(Ac	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Uc	ocument Number)			
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LLC RA Resign

MAY 15 2014 T. CARTER

### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: GA & CD Holdings, LLC		
		nited Liability	Company
DOC	UMENT NUMBER: L02000024078		
The e	nclosed Resignation of Registered Agent ing.	for a Limited	Liability Company and fee are submitted
Please	e return all correspondence concerning thi	s matter to th	e following:
Greg	ory Arnold		
	Name of Person		
GA 8	CD Holdings, LLC		
	Name of Firm/Company		
314	Clifton Street		
	Address		
Tam	oa, FL 33604		
	City/State and Zip Code		
greg	oryarn@gmail.com		
E	-mail address: (to be used for future annual report	notification)	
For fu	orther information concerning this matter,	please call:	
Greg	ory Arnold Name of Person	813	5413541
	Name of Person	Area Code	Daytime Telephone Number
Enclo liabili liabili	sed is a check made payable to the Floridaty company or \$25.00 for an administrative ty company.	a Department vely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite

## **MAILING ADDRESS:**

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

#### STREET ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Sta	atutes, the undersigned,
Richard A Cutter	, hereby resigns as
Name of Registered Agent	<u>.                                    </u>
Registered Agent for GA & CD Holdings, LLC N	Ame change on 5/2 Changed to
PAYROLL SOLUTIONS SERVICE Name of Limited Liability O	Silc
L02000024078  Document Number, if known	imited liability company at its last known address
A copy of this resignation was mailed to the above listed l	inited habitity company at its last known address.
The agency is terminated and the office discontinued on the	ne 31st day after the date on which this statement is filed.
Signature of	Resigning Agent TAILOR
If signing on behalf of an entity:	2 경기 
Typed or Printed	Name 2: 10 STATE 10 TO THE PARTY OF THE PART
Capacity	

**FILING FEES:** 

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withdrawn limited liability company \$ 85.00 \$ 25.00

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