## LD4000004846

(Re	equestor's Name)			
(Ac	ldress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				

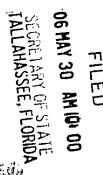
Office Use Only

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
·
SUBJECT: GC   WOOTS   LC (Name of Limited Liability Company)
DOCUMENT NUMBER: 10400064846
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:
Ashok Kumar (Name of Person)
(Name of Firm/Company)
15120 County Line Rd. St. 150
String Hill Fl. 34610 (City/State and Zip Code)
For further information concerning this matter, please call:
at () (Name of Person) (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

d

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

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 608.416(2) or 608.	5.509, Florida Statutes, the unders	igned,
JAY W	OLFSON	, hereby resign	ıs as .
/ (Na	me of Registered Agent)		
Registered Agent for	C Imports	3, LC	
	(Name of Limited Liabili	ity Company)	
LOYOOO (Document Number,		•	
A copy of this resignation w	as mailed to the above liste	ed limited liability company at its	last known address.
The agency is terminated an	d the office discontinued or	n the 31st day after the date on wi	hich this statement is filed.
If signing on behalf of an er	(Signature of Res	Doubo	er e
	(Typed or Prin	nted Name)	- 186 <b>3</b>
	(Capacity	у)	M 30
	FILING FEES: \$ 85.00 Active l \$ 25.00 Admini- withdra	limited liability company stratively dissolved/voluntarily awn limited liability company	TILED AN IO OF STATE FLORIDA dissolved

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