

LD4000085713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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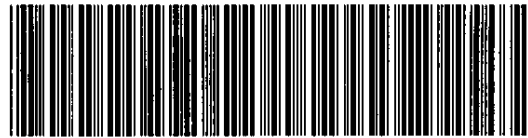
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
AUG 17 2010  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GB & Associates, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000085713

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:

Alan F. Gonzalez, Esquire  
Name of Person

Walters Levine Klingensmith & Thomison, P.A.  
Name of Firm/Company

601 Bayshore Blvd., Suite 720  
Address

Tampa, Florida 33606  
City/State and Zip Code

agonzalez@walterslevine.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan F. Gonzalez, Esquire at ( 813 ) 254-7474  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

### STREET ADDRESS:

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

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10 AUG 16 PM 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Alan F. Gonzalez, Esquire

Name of Registered Agent

, hereby resigns as

Registered Agent for GB & Associates, LLC

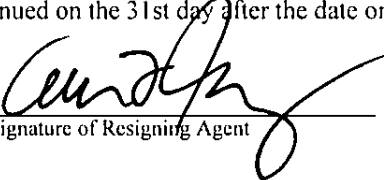
Name of Limited Liability Company

L04000085713

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**  
10 AUG 16 PM 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA