

L05000011002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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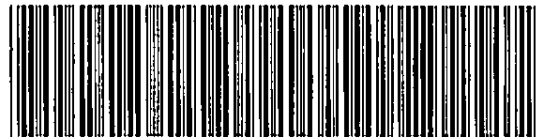
(Business Entity Name)

(Document Number)

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2017 NOV -9 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
NOV 14 2017



978 Douglas Avenue, #102,
Altamonte Springs, Florida 32714

Phone: (407) 331-0678
Fax: (407) 389-0510

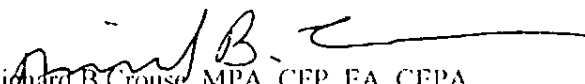
Web: www.gvc-financial.com
Email: ContactUs@gvc-financial.com

Florida Limited Liability Company: LOGAN FORD LLC
Document Number: L05000011002
Authorized Person: Pamela O'Donnell

I am resigning as Registered Agent for the above-named company. This company and authorized individual are no longer clients at my firm GVC FINANCIAL, INC. Below is the last known contacted information we have on file.

Name: Pamela O'Donnell
Address: 13111 Meergate Circle, Orlando, FL 32837
Home Phone: (407) 375-4796
E-Mail: odonnell.pam@gmail.com

Sincerely


Richard B. Crouse, MPA, CFP, EA, CEPA
Enrolled to Practice before the IRS

Enclosures

The following pages are CONFIDENTIAL COMMUNICATIONS. If you have received this document in error, please contact GVC Financial, Inc. immediately. Thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOGAN FORD LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000011002

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:

RICHARD B CROUSE

Name of Person

GVC FINANCIAL INC

Name of Firm/Company

978 DOUGLAS AVE #102

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

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

For further information concerning this matter, please call:

RICHARD CROUSE

Name of Person

at (407) 331-0678

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
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 Statutes, the undersigned,

RICHARD B CROUSE

, hereby resigns as

Name of Registered Agent

Registered Agent for **LOGAN FORD LLC**

Name of Limited Liability Company

L05000011002

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
2017 NOV -9 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA