

L050000 16163

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(Address)

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(City/State/Zip/Phone #)

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STATEMENT

DEC 10 2020

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R/A Design

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.L.M.C., LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000016163

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:

JOHN PASSARIELLO CPA
Name of Person

PASSARIELLO & STAIANO CPA PA
Name of Firm/Company

2953 W CYPRESS CREEK RD STE 101
Address

FORT LAUDERDALE, FL 33309
City/State and Zip Code

JOHN@PSCPAFL.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN PASSARIELLO at (954) 977-0900
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JOHN PASSARIELLO CPA

, hereby resigns as

Name of Registered Agent

Registered Agent for G.L.M.C., LLC

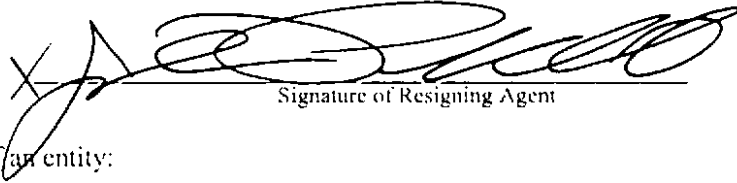
Name of Limited Liability Company

1.05000016163

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:

 JOHN PASSARIELLO

Typed or Printed Name

registered agent

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