

L05000018277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11-13-09

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G F F W LLC  
(Name of Limited Liability Company)

Registered Agent  
The enclosed ~~member, managing member or manager~~ resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Frank Girard  
(Contact Person)

G F F W LLC  
(Firm/Company)

19745 Vintage Trace Circle  
(Address)

FT Myers FL 33967  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Girard at ( 414 ) 333-8994  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

## 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,

Gene MARRS

(Name of Registered Agent)

Registered Agent for

GFRW, LLC

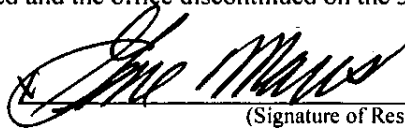
(Name of Limited Liability Company)

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(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/<br>withdrawn limited liability company |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

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