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R. WHITE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L05000063504	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Riley Williams	
Name of Person	_
J. Riley Williams, PLC	
Name of Firm/Company	_
2141 Park Street	
Address	_
Jacksonville, FL 32204	
City/State and Zip Code	_
riley@jriley-law.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Riley Williams 904	425- 0040
Name of Person Area Cod	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departme liability company or \$25.00 for an administratively dissolv liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limite
MAILING ADDRESS: STRE	EET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, F.	orida Statutes, the undersigned,
J. Riley Williams	, hereby resigns as
Name of Registered Agent	, noted y congress and
Registered Agent for G. A. D. A., LLC	
Name of Limited	Liability Company
L05000063504	
Document Number, if known	-
A copy of this resignation was mailed to the above	e listed limited liability company at its last known address.
The agency is terminated and the office discontin	ued on the 31st day after the date on which this statement is filed.
Vila co	
If signing on behalf of an entity:	mature of Resigning Agent
Typed	or Printed Name
	apacity

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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