Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000232653 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)205-0380

From:

INCORPORATING SERVICES FL Account Name

Account Number 120050000052 (302)531-0855 Phone Fax Number (866) 223-0765

REGISTERED AGENT RESIGNATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

G.N. GROUP LLC

Electronic Filing Menu

Corporate I iling Menu

Help

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,	
INCORPORATING SERVICES, LTD. , hereby resigns as (Name of Registered Agent)	نو
(Name of Registrati Agail)	9
Registered Agent for G.N. GROUP LLC	SEC.
E. C.	强。
(Name of Limited Liability Company)	37
<u>L05000079082</u>	of Station
(Document Number, if known)	2 22
A copy of this resignation was mailed to the above listed limited liability company at its last known address.	30
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is fill the continued on the 31st day after the date on which this statement is fill the continued on the 31st day after the date on which this statement is fill the continued on the 31st day after the date on which this statement is fill the continued on the 31st day after the date on which this statement is fill the continued on the 31st day after the date on which this statement is fill the continued on the 31st day after the date on which this statement is fill the continued on the 31st day after the date on which this statement is fill the continued on the 31st day after the date on which this statement is fill the continued on the 31st day after the date on which this statement is fill the continued on the 31st day after the date of the 31st day after	led.
If signing on behalf of an entity:	
Candice B. Swetland	
(Typed or Printed Name)	
ASSISTANT SECRETARY	
(Capacity)	

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withdrawn limited liability company \$ 25.00

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

INHS17 (08/05)