L000000038817

(Re	questor's Name)		
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
Certified Copies	_ Certificates	of Status	
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05/06/14--01027--007 **25.00



RARES Mashully

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida St	atutes, the undersigned,
PARACORP INC	ORPORTED	, hereby resigns as
· .	Name of Registered Agent	, nereby resigns us
Registered Agent for	G&G/WGV, LLC	
	Name of Limited Liability (Company
L06000038817		
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed	limited liability company at its last known address.
The agency is termina	ted and the office discontinued on t	he 31st day after the date on which this statement is filed.
	Stravon Crosse Signature of	Resigning Agent
If signing on behalf of		
	Sharon Cooke	
	Typed or Printed	Name
	Assistant Secretary	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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