606000042808

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Growth Trust LLC (Namle of Limited Liability Company) DOCUMENT NUMBER: LOGOOOG4808	n garaga a sa
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sulfor filing.	omitted
Please return all correspondence concerning this matter to the following:	. =-=
Lawrence Navaro (Name of Person)	
Rones + Navarro (Name of Firm/Company)	
16/05 NE 18 Ave (Address)	y. +
North Miami, Beach, FC 33162 (City/State and Zip Code)	
For further information concerning this matter, please call:	• .
Some (Name of Person) at (305) 945-6522 (Area Code & Daytime Telephone Number)	.u. bib. r aer - r∃ - u
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active l liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdra liability company.	imited wn limited

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED 6
LIABILITY COMPANY
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, Lawrence Navarro , hereby resigns as (Name of Registered Agent) Registered Agent for Growth Trust, LLC
(Name of Limited Liability Company)
LO600042808 (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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED &		
LIABILITY COMPANY		
	J.	
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	?	
mawiena Navarro, hereby resigns as	S.	
(Name of Registered Agent)		
Registered Agent for GOWIN CUST, ELC	<u>,</u>	
(Name of Limited Liability Company)		
<u>LO 6 0000 42808</u> (Document Number, if known)	ب ستي	
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 file	ed.	
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
(Typed or Printed Name)		
(Canacity)	N. B. F	

FILING FEES: \$ 85.00 Active \$ 25.00 Admit Active limited liability company
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