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.

Electronic Filing Cover Sheet

(((H110002435913)))



H110002435913ABC-

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

TQ:

Division of Corporations

Fax Number

: (850)617-6383

From:

ACCOUNT Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A. .

Account Number : 076424003301 Phone : (813)223-7474

Fax Number : (813)227-0435

02-1591/759

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC REGISTERED AGENT RESIGNATION GDT HOLDINGS LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 01

 Estimated Charge
 \$85.00

TALLAHASSEE, FLORIDA

10CT - 7 PM I2: 21 ECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu T. HAMPTON

OCT 1 0 2011

EXAMINER

(((H110002435913)))

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section (| 508.416(2) or 608.509, Florid | ia Statutes, the undersigned | , . | | |
|--------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------|---------------|------|
| Trenam Kemker Attorneys At Law hereby resigns as | | | | | |
| Name of Regis | tered Agent | | | | |
| Registered Agent for | GDT Hold | ngs LLC | - | | |
| Nar | ne of Limited Liability Company | | - | ; | |
| L06000047659 | | | | | |
| Document Number, if known | ··· | , | | | |
| A copy of this resignation was mailed | to the above listed limited li | ability company at its last k | nown addre | : 55. | |
| The agency is terminated and the office | ce discontinued on the 31st de | ay after the date on which the | his statemer | ıt is file | ed. |
| Haw | Signature of Resigning | Agent | | | |
| If signing on behalf of an entity: | | | | | |
| | Harold W. Mullis, Jr. | | | | |
| <u></u> | Typed or Printed Name | | \mathbf{z}_{σ_i} | 201 | |
| · | President | | | 2011 OCT | |
| | Capacity | | 五 | CI | 7 |
| | | | AR | 1 | ILED |
| • | | | EE C | > | |
| \$ | ILING FEES: 85.00 Active limited liab 25.00 Administratively d withdrawn limited | ility company issolved/voluntarily dissol liability company | FLORIDA | 科 8:16 | U |

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

INHS17 (08/05)