L066000083961

| (F | Requestor's Name | e) |
|------------------------|--------------------|--------------|
| (A | Address) | |
| (<i>P</i> | Address) | |
| (0 | City/State/Zip/Pho | ne #) |
| PICK-UP | WAIT | MAIL |
| (E | Business Entity Na | ame) |
| (C | Document Numbe | r) |
| Certified Copies | Certificate | es of Status |
| Special Instructions t | to Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

F. HAMPTON AUG 2 0 2010 EXAMINER

COVER LETTER

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|--|
| SUBJECT: GMF Property Venture Group LLC Name of Limited Liability Company |
| Name of Limited Liability Company |
| DOCUMENT NUMBER: L06000083961 |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Rachael Stafford |
| Name of Person |
| |
| Name of Firm/Company |
| 5501 67th Avenue N, Apt 4 |
| Address |
| Pinellas Park, FL 33781 |
| City/State and Zip Code |
| rstafford8@gmail.com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Rachael Stafford at (727) 481-8092 Name of Person Area Code & Daytime Telephone Number |

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of se | ction 608.416(2) or 608.509, | Florida Statutes, the un- | dersigned, | |
|-----------------------------------|---------------------------------|---------------------------|------------------|------------------------------------|
| Racha | ael V. Stafford | , hereby re | signs as | |
| | of Registered Agent | , , | 8 | |
| Registered Agent for | GMF Property | y Venture Group LL | .C | |
| | Name of Limited Liability Con | npany | | , , |
| L060000839 | 61 | | | |
| Document Number, if | known | | | |
| A copy of this resignation was | mailed to the above listed limi | ited liability company a | t its last known | address. |
| If signing on behalf of an entity | Signature of Res | Am | n which this sta | SECRETARY SIVISION OF C |
| | Typed or Printed Na | ime . | | |
| | Capacity | | | OF STATE RPORATION AM 11: 08 |

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00