L06000121489

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	ECT: G.M. JAMES AND ASSOCIA	TES, LLC
		•
DOC	UMENT NUMBER: L06000121489	
The e	nclosed Resignation of Registered Age ing.	ent for a Limited Liability Company and fee are submitted
Please	e return all correspondence concerning	this matter to the following:
Gary	M. James	
	Name of Person	
G.M.	JAMES AND ASSOCIATES, LLC	
	Name of Firm/Company	
1062	gARRISON dRIVE	
	Address	
St. A	ugustine, FL 32092	
	City/State and Zip Code	
N/A		
Ē	E-mail address: (to be used for future annual re	port notification)
For fi	urther information concerning this matt	er, please call:
Gary	Name of Person	_ at ()Area Code Daytime Telephone Number
Enclo liabil liabil	osed is a check made payable to the Flo ity company or \$25.00 for an administr ity company.	orida Department of State for \$85.00 for an active limited ratively dissolved, voluntarily dissolved or withdrawn limited
	LING ADDRESS: stration Section	STREET ADDRESS: Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,			
Brandon D. Beardsley , hereby resigns as			
Name of Registered Agent			
Registered Agent for G.M. JAMES AND ASSOCIATES, LLC		_	
Name of Limited Liability Company		.,	
L06000121489			
Document Number, if known			
A copy of this resignation was mailed to the above listed limited liability company at its last known a	address.		
The agency is terminated and the office discontinued on the 31st day after the date on which this state	ement is	s filed.	
Signature of Resigning Agent			
If signing on behalf of an entity:			
- Report D. Beridsler	SEC SEC	ľ 11	
Record Arch	RETAR	91 NNF	
8 Capacity 8	E O	PH	
	FLO	=	
\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	ATE RIDA	9	

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