L07000116361

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUB	JECT: The Gutstadt Group, LLC Name of Limited Lia	hility Company
DOC	UMENT NUMBER: L07000116361	onity company
The e	nclosed Resignation of Registered Agent for a Lit ling.	nited Liability Company and fee are submitted
Pleas	e return all correspondence concerning this matter	to the following:
Bruce	R. Schrader, H, Esq.	
	Name of Person	
Roetz	el & Andress LPA / R&A Agents, Inc.	
	Name of Firm/Company	
222 S	outh Main Street	
	Address	
Akron	, OH 4408	
	City/State and Zip Code	
bschra	der@ralaw.com	
I	2-mail address: (to be used for future annual report notificati	ion)
For fi	urther information concerning this matter, please of	call:
Bruce	R. Schrader, II, Esq. 330) Node Daytime Telephone Number
	Name of Person Area (Code Daytime Telephone Number
Encle	osed is a check made payable to the Florida Depar	tment of State for \$85.00 for an active limited

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Fl	orida Statutes, the unders	igned,
R&A Agents, Inc.			hereby resigns as
	Name of Registered Agent	 ,	
Registered Agent for T	he Gutstadt Group, LLC		
	Name of Limited I	Liability Company	
L07000116361			
Document N	lumber, if known	-	
A copy of this resignat	ion was mailed to the above	e listed limited liability co	ompany at its last known address.
The agency is terminat	Barle	nature of Resigning Agent	The date on which this statement is filed.
If signing on behalf of	an entity:		
	Bruce R. Schrader, II, Esq	ļ.	
	Typed	or Printed Name	
	General Counsel/Assistant	t Secretary	
	C	apacity	

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi 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withdrawn limited liability company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