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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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BF 12/6/17

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:		G FL LLC		
	Name of Limited	Liability	Company	
DOCUMENT NUMBER:	L07000118864			<u>.</u>
The enclosed Resignation of Refor filing.	egistered Agent for	a Limited	Liability Company and fee	are submitted
Please return all correspondenc	e concerning this m	atter to the	e following:	
Kaitie S	perry			ı
Name of	Person			
- Corporate I	Direct, Inc.			
Name of Firm	/Company			
2248 Meridian	Blvd., Ste H			
Addre	ess			
Minden, N\	/ 89423			
City/State and	l Zip Code	<u>.</u>		
info@corporat	edirect.com		1	
E-mail address: (to be used for t	uture annual report not	ification)		
For further information concern	ing this matter, ple	ase call:		
. Kaitie Sperry	at (775	782-2201	
Name of Person		rea Code	Daytime Telephone Number	r

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	, Florida Statutes, the unde	ersigned,			
Gerri Detweiler		_ , hereby resigns as				
	Name of Registered Agen	t	_, nerecy resigns as			
Registered Agent for		S3 BG FL LLC				
	Name of Limi	ted Liability Company				,
L07000	0118864					
Document Nu	unber, if known	 -				
A copy of this resignation	on was mailed to the a	bove listed limited liability	company at its last kno-	wn add	dress.	
The agency is terminate	Heni	Octuella Signature of Resigning Agent	er the date on which this	staten	nent is	filed
	G	Serri Detweiler				
	•	yped or Printed Name egistered Agent				
		Capacity		- XX	ভিন্তী	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	company /ed/ voluntarily dissolve lity company	CHOLANISSIANI LIVE AN APTERS	DEC -4	用於語句

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