Division of Corporations Electronic Filing Cover Sheet

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(((H110002739383)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone

: (302)531-0855

Fax Number

: (850)656-7953

\*\*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 GORDON OPERATING, LLC

Certificate of Status	0
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#### COVER LETTER

10: Amendment Section Division of Corporations
SUBJECT: GORDON OPERATING, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L08000008097
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitte for filing.
Please return all correspondence concerning this matter to the following:
TUNISHA SCOTT (Name of Person)
INCORPORATING SERVICES, LTD.  (Name of Firm/Company)
3500 S. DUPONT HWY
(Address)
DOVER, DE 19901 (City/State and Zip Code)
For further information concerning this matter, please call:
TUNISHA SCOTT at ( 302 ) 531.0855 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

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

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Sta	atutes, the undersigned,
INCORPORATING SERVICES, LTD.	, hereby resigns as
(Name of Registered Agent)	Sold I
Registered Agent for GORDON OPERATING, LLC	
(Name of Limited Liability Company)	
L08000008097	•
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited liability	
The agency is terminated and the office discontinued on the 31st day affective of Resigning Agent	£
If signing on behalf of an entity:	į.
CANDICE B. SWETLAND	
(Typed or Printed Name)	<del> </del>
ASSISTANT SECRETARY	
(Capacity)	

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