L08000037803

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: G2P, LLC Name of Limited Liability Company DOCUMENT NUMBER: L08000037803
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:
CANDICE S. GREER
Name of Person
Name of Firm/Company
Name of Firm/Company
2600 E. IRLO BRONSON Hay Address
Kissimmee FZ 34744 City/State and Zip Code Sgcandy@earthlink.net
City/State and Zip Code
Sgcandy@earthlink.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candice Greer at 561, 4362314 Name of Person Area Code & Daytime Telephone Number
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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section

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 section 608.416(2) or 608.509, Florida Statutes, the undersign	ied,
BERNARD TODD GOOSEN, hereby resigns a	as
Name of Registered Agent Registered Agent for GZP, LLC.	
Name of Limited Liability Company	
L08000037803	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its las	st known address.
The agency is terminated and the office discontinued on the 31st day after the date on whic	h this statement is filed.
Signature of Resigning Agent	5 _
If signing on behalf of an entity:	FIL 10 OCT 25 SECRETAR ALLAHASS
BENNAND TODO GOOSEN	FI T 25
Typed or Printed Name	FILED 25 AM ASSECTION
REGISTENCE AGENT Capacity	2
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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