

209000031423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

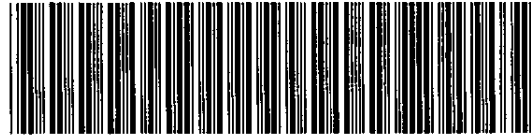
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OCT 31 2012

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10/29/12--01009--024 **25.00

FILED
12 OCT 29 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Garrett Press, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000031423

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:

Hillel L. Presser
Name of Person

The Presser Law Firm, P.A.
Name of Firm/Company

800 Fairway Drive, Suite 340
Address

Deerfield Beach, FL 33441
City/State and Zip Code

hp@assetprotectionattorneys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hillel L. Presser at (561) 953-1050
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

The Presser Law Firm, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for

Garrett Press, LLC

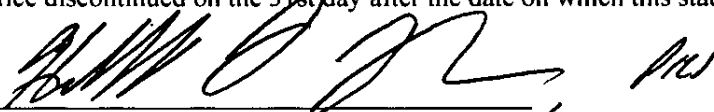
Name of Limited Liability Company

L09000031423

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Hillel L. Presser

Typed or Printed Name

President

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved
withdrawn limited liability company

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TALLAHASSEE FLORIDA

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