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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2015 JUN 25 PN 2: 01
SECRETAR OF STATE
TALLAMASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 6 A Processors Co III. (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
(Contact Person)
GSA Poxessors CollC (Firm/Company)
334 East Lake Polsuite 233
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (8/3) 792 · 46/0 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{3}} \frac{1}{25}\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.	.0115,	Florida Stat	utes, the u	ndersigne	d,				
Vincen	+ Ilrs	0			, herel	y resigns a	as			
1	Name of Registered	Agent			<i>,</i>	, ,				
Registered Agent for	GSA	Pro	CSCOC	s Co	140				_	
	Name of	f Limite	ed Liability Co	mpany	· · · · · · · · · · · · · · · · · · ·				,	
20900	60 73 7	766	, <u>o</u> _							
Document Num	ber, if known									
A copy of this resignation	was mailed to	the abo	ove listed lin	nited liabi	lity compa	ny at its la	st knowi	n addres	S.	
The agency is terminated	and the office d	1	\mathcal{Q}	vo-		ate on which	ch this st	atement	is file	ed.
			Signature of Re		ent					
If signing on behalf of an	entity:	Vi	ixent U	(120						
	•							TAL	2015	
		Тур	ed or Printed N	ame				A 京京	ME	<u></u>
-			Capacity					NEW SERVICE	25 P	
	FILI \$ 85.0 \$ 25.0	NG F 00 00	EES: Active limit Administrat withdrawn	ed liabilit ively diss limited lia	y company olved/ volubility con	y untarily di ipany	ssolved/	SIATE	附 2:02	Û

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