

L09000095865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

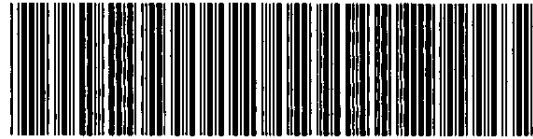
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100182932161

07/06/10--01048--016 **50.00

FILED

10 JUL -6 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 07 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Genuine Gold, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000095865

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:

Eugene W. Gilbert
Name of Person

Genuine Gold, LLC
Name of Firm/Company

11155 Dolfield Boulevard, Suite 104
Address

Owings Mills, Maryland 21117
City/State and Zip Code

gene@goldcashnow.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugene W. Gilbert at (443) 738-3454
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
10 JUL -6 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Jay N. Zukerberg

Name of Registered Agent

, hereby resigns as

Registered Agent for

Genuine Gold, LLC

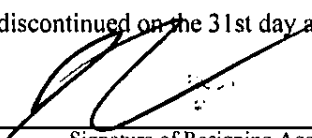
Name of Limited Liability Company

L09000095865

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:

Jay Zukerberg

Typed or Printed Name

Pres

Capacity

FILED
10 JUL -6 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	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