

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gama Waste System, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000113055

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:

Scott David Larger
Name of Person

Gama Waste System, LLC
Name of Firm/Company

14226 BIG SPRING ROAD
Address

JACKSONVILLE, FL 32258
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott David Larger at (229) 395-2559
Name of Person Area Code & Daytime Telephone Number

FILED
2013 APR 29 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Philip Kinney

, hereby resigns as

Name of Registered Agent

Registered Agent for **Gama Waste System, LLC**

Name of Limited Liability Company

L09000113055

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.

Philip Kinney
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2013 APR 29 PM 1:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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**