L110006 25026

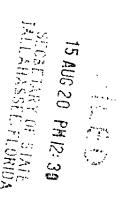
(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone) #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
		;	





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AUG 21 2015 J SHIVERS

COVER LETTER

SUBJECT: Gold Rush Recyclers.Com, LLC Name of Limited Liability	Company
	у Сопрапу
DOCUMENT NUMBER: L11000028026	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
ROBIN MOLT	
Name of Person	-
CORPORATION SERVICE COMPANY	
Name of Firm/Company	-
80 STATE STREET	
Address	-
ALBANY NY 12207	
City/State and Zip Code	-
RMOLT@CSCINFO.COM	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
ROBIN MOLT 518	433-7018) Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statut	es, the undersigned,
CORPORATION SERVICE COMPANY		, hereby resigns as
	Name of Registered Agent	, nereby resigns as
Registered Agent for _	Gold Rush Recyclers.Com, LLC	С
	Name of Limited Liability Comp	pany ,
L11000028026		
Document l	Number, if known	
A copy of this resignar	ion was mailed to the above listed limi	ited liability company at its last known address.
The agency is termina	ed and the office discontinued on the 3	Ist day after the date on which this statement is filed.
	Signature of Resi	Voltagening Agent
If signing on behalf of	_	
	ROBIN MOLT	AUG AUG
Typed or Printed Name ASST SECRETARY		:
	Capacity	
		PHIZ: 38
	FILING FEES: \$ 85.00 Active limites \$ 25.00 Administrative withdrawn limites	d liability company vely dissolved/ voluntarily dissolved/ mited liability company

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