L1100035635

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	• #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
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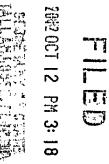
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J. BRYAN

OCT 16 2012

EXAMINER

COVER LETTER

SUBJECT:	G Worldwide	Brands, LLC			
		Liability Company			
DOCUMENT NUMBER:	<u>L1</u>	1000035635			
The enclosed Resignation of Refor filing.	egistered Agent for a	Limited Liability	Company and	fee are submit	ted
Please return all correspondence	e concerning this ma	tter to the followi	ing:		
Brian R. I	- -rench				
Name of I					
Trantalis La				18 OCT 12	
Name of Firm	/Company				
2255 Wilto					
Addre	SS				
Wilton Manors City/State and	s, FL 33305 Zip Code			PH 3: 18	
E-mail address: (to be used for i	•	·			
roi futtiei information concert	inig tins matter, piea	se can.			
Brian R. French Name of Person	at (954) rea Code & Daytim	566-2226 ne Telephone Nur	mber	
Enclosed is a check made payal liability company or \$25.00 for limited liability company.	ble to the Florida De an administratively	partment of State dissolved, volunt	for \$85.00 for a arily dissolved o	an active limite or withdrawn	ed
MAILING ADDDESS.		STREET ADDI)F66.		

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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 sect	ion 608.416(2) or 608.509	9, Florida Statutes, the under	signed,	
	TRANTALIS	, hereby resig	gns as	
Name of F	Registered Agent			
Registered Agent for	G Work	dwide Brands LLC		
	Name of Limited Liability C	ompany		.5
L1100003563	5			
Document Number, if kn	own			
A copy of this resignation was multiple agency is terminated and the	office discontinued on the			filed.
If signing on behalf of an entity:			RALL ASSA	77
	Typed or Printed	Name	三 数 2	
•	Capacity		PH 3: 18	

FILING FEES:

\$ 85.00
\$ 25.00
Active limited liability company
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withdrawn limited liability company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