

L110000 67732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

JA 09/23/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GERCREM, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000067732

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:

MONIQUE TRONCONE

Name of Person

MONIQUE TRONCONE CPA PA

Name of Firm/Company

55 NE 5TH AVENUE SUITE 501

Address

BOCA RATON, FL 33432

City/State and Zip Code

monique@troncone-cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONIQUE TRONCONE

561

417 0308

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

GFB TAX SERVICE LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for MONIQUE TRONCONE CPA PA

GERCREM, LLC

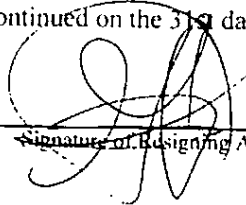
Name of Limited Liability Company

L11000067732

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:

MONIQUE TRONCONE CPA PA

Typed or Printed Name

. CPA

Capacity

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

SECRETARY OF STATE
TALLAHASSEE, FL

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