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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUL 1 5 2012

EXAMINER

COVER LETTER

TO:	TO: Registration Section Division of Corporations				
SUBJ	SUBJECT: 1st GASCO LLC Name of Limited Liability Company				
Dear S	Sir or Madai				
The e	nclosed Reg	istered Agent/Registered (Office Change and fee(s) are submitted for filing.		
	_		•		
ricasc	teturn an c	orrespondence concerning	this matter to the following:		
	DANH	KUMP NGUYEN			
	VIS. C	Name of Person			
		1ST GASCO LLC	·		
		Firm/Company	To B		
2924 MYSTIC COVE DR			TALLAHASSEE, F		
		Address	Service 1		
	1	ORLANDO, FL 32812	E C PA		
City/State and Zip Code					
E-	-mail address: (t	o be used for future annual report	notification)		
For fu	rther inform	nation concerning this mat	ter, please call:		
	OANH	S NGLYEN	at (407) 325 0307 Area Code & Daytime Telephone Number		
			,		
Registration Section Regis		n Section	MAILING ADDRESS: Registration Section		
			Division of Corporations P.O. Box 6327		
	2661 Execu	ntive Center Circle , Florida 32301	Tallahassee, Florida 32314		
	Enclosed i	is a check for the followi	ng amount:		
	√ \$25 Fili	ing Fee	\$55 Filing Fee & Certified Copy		

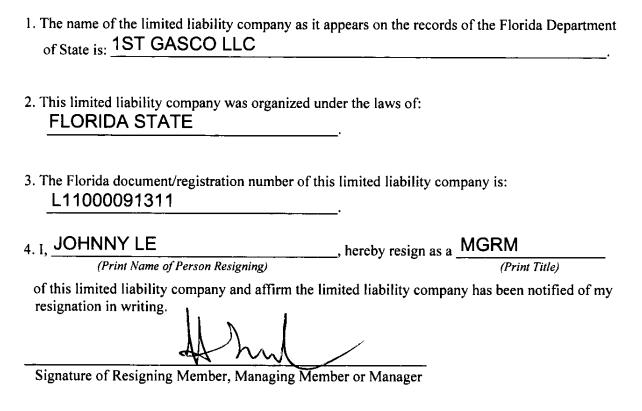


FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGE



\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: