

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BRENNAN, MANNA AND DIAMOND, P.L.
Account Number : I20050000098
Phone : (239) 992-6578
Fax Number : (239) 992-9328

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: swduval@bmdpl.com

LLC REGISTERED AGENT RESIGNATION
GAVER CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

SEP 08 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gaver Consulting, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000015249

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 W. Duval

Name of Person

Brennan, Manna & Diamond, P.L.

Name of Firm/Company

27200 Riverview Center Blvd., #310

Address

Bonita Springs, FL 34134

City/State and Zip Code

swduval@bmdpl.com

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

For further information concerning this matter, please call:

Scott W. Duval

Name of Person

at (239)

Area Code

992-6578

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Brennan, Manna & Diamond, P.L.

Name of Registered Agent

, hereby resigns as

Registered Agent for Gaver Consulting, LLC

Name of Limited Liability Company

L12000015249

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:

Scott W. Duval

Typed or Printed Name

Attorney

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

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