L12000097174

(Re	questor's Name)	 		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300250171503

300250171503 08/13/13--01002--013 **85.00



COVER LETTER

Division of Corporations GB GROUP LLC Name of Limited Liability Company DOCUMENT NUMBER: L12000097174 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: JANET PHILLIPS Name of Person ESSENTIAL BUSINESS SERVICES INC Name of Firm/Company 8741 NW 57TH STREET Address TAMARAC FL 33351 City/State and Zip Code JAN@EBSTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section

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 provision	ns of section 608.416(2) or 608.509	, Florida Statutes, the unde	ersigned,			
JANET PHILLIPS/ESSENTIAL BUSINESS SERVICES INC , hereby resigns as						
	Name of Registered Agent	, ,, 1000,	P.10 410			
Registered Agent for G	B GROUP LLC				-	
	Name of Limited Liability Co	mpany			_•	
L12000097174						
Document Nu	mber, if known					
A copy of this resignation	on was mailed to the above listed lir	nited liability company at i	its last known ad	ldress.		
The agency is terminated	d and the office discontinued on the	31st day after the date on	which this state	ment i	s filed.	
	Faret July Signature of Re	, \	SECKETA JALLAHAR	13 AUG 1	THE STATE OF THE S	
If signing on behalf of an entity:			14. 14.	2	1	
	JANET PHILLIPS		Eg Au		i a i	
	Typed or Printed N	lame	S∑	II: 35	1	
	REGISTERED AGENT	.	TATE ORIDA	3		
	Capacity					

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ withdrawn limited liability company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