# L1366697455

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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:	GBC QUALE,	LLC
	Name of Limited Liability	Company Company
DOCUMENT NUMBER:	L130000974	55
The enclosed Resignation of Refor filing.	egistered Agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence	e concerning this matter to t	he following:
Kaitie S	Sperry	
Name of	Person	-
Corporate	Direct, Inc.	
Name of Firm	n/Company	-
2248 Meridian	Blvd., Ste H	
Addr	ess	-
Minden, N	/ 89423	
City/State and	d Zip Code	_
info@corporal	edirect.com	
E-mail address: (to be used for	future annual report notification)	_
For further information concern	ning this matter, please call:	
Kaitie Sperry	775 at (	782-2201
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a sheck 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions	of section 605.0115, Florida	Statutes, the undersigned,	
	Gerri Detweiler	, hereby resi	gns as
, N	ame of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>G</i>
Registered Agent for	GBC QU	ALE, LLC	
	Name of Limited Liabili	ty Company	,
L130000	97455		
Document Num	per, if known		
•		ed limited liability company at in the 31st day after the date on	* 1 wh 1 wh
-	- Levi N	of Resigning Agent	nt 2.7 Ki
If signing on behalf of an entity:		ά	
	Gerri De	:tweiler	64
-		ed Agent	
	Capacit	y	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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