

213000099246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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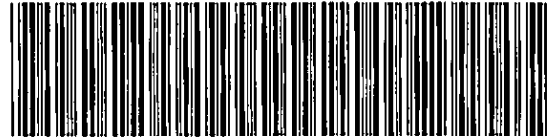
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 05 2018

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GG & MD, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000099246

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:

Gregory Garcia  
Name of Person

N/A  
Name of Firm/Company

5300 NW 85 Ave, Unit 1507  
Address

Doral, Florida 33166  
City/State and Zip Code

garciamgregoryj@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Garcia at (786) 612-9211  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

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

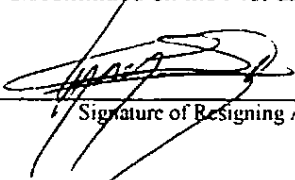
DEL JESUS GARCIA MARIN, GREGORY hereby resigns as  
Name of Registered Agent

Registered Agent for GG & MD, LLC  
Name of Limited Liability Company

L13000099246  
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:

DEL JESUS GARCIA MARIN, GREGORY  
Typed or Printed Name  
Individual  
Capacity

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TALLAHASSEE, FLORIDA

### 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