

213000099246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

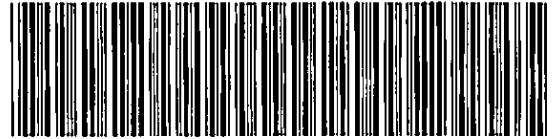
(Business Entity Name)

(Document Number)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

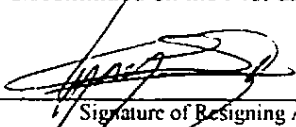
DEL JESUS GARCIA MARIN, GREGORY hereby resigns as
Name of Registered Agent

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