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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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2020 APR IL PH & LL SECRETARY OF STATE TALLAHASSEE, FLORIDA

W SULKEP 422 27 2023

COVER LETTER

TO: Registration Section Division of Corporations	
Gilbert's South LLC	
Name of Limit	ed Liability Company
DOCUMENT NUMBER: L14000153276	
The enclosed Resignation of Registered Agent fo for filing.	r a Limited Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, p	lease call:
Janna Pantoja	800 773-0888 x3950
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an active limited by dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INFIS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115	, Florida Statutes, the under	rsigned.			
United States Corpo	oration Agents, Inc	c.	, hereby resigns as			
	Name of Registered Agent	t				
Registered Agent for Gi	lbert's South LLC		.			
	Name of Limi	ited Liability Company		·-	`	
L14000153276						
Document Nu	mber, if known	· 				
A copy of this resignation	on was mailed to the a	bove listed limited fiability	company at its last	. known addr	ess.	
The agency is terminated	d and the office discor	Signature of Resigning Agent	r the date on which	i this stateme	nt is f	filed.
If signing on behalf of a	n entity:					
	Cheyenne Mose	ley		SE	202	
	T	yped or Printed Name		CRE	2020 APR 1	
	Asst. Secretary for U	Inited States Corporation Ag	jents, Inc.	IAS:	.ŏ	- 170 Telepoon
		Capacity		SEE FLORI	-	D
	FILING \$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liabil	ed/ voluntarily dis	solved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314