

L14 000 171980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

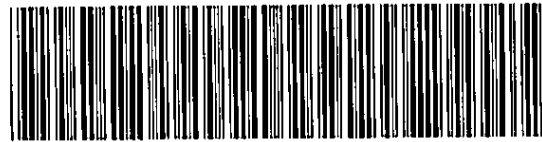
(Business Entity Name)

(Document Number)

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18 OCT 18 AM 11:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gables Drywall Contractors, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000171980

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:

John R Forbes

Name of Person

Gables Drywall Contractors, LLC

Name of Firm/Company

4565 Ponce De Leon Blvd Suite 200

Address

Coral Gables, FL 33146

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Hudson

Name of Person

305

at (Area Code)

444-6628

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Hudson & Calleja, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Gables Drywall Contractors, LLC

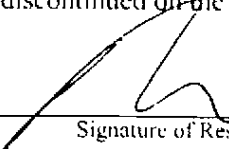
Name of Limited Liability Company

L14000171980

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:

Robert W. Hudson

Typed or Printed Name

on behalf of Hudson & Calleja

Capacity

FILED
18 OCT 18 AM 11:10

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