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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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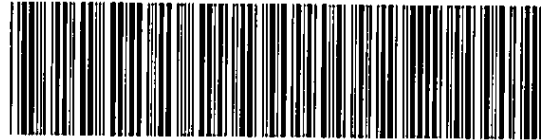
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2019 JUN -7 AM 8:48

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JUN 21 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** G&M TAX AND FINANCIAL SERVICES,LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000186546

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:

Chelsea Haire

Name of Person

Legalinc Corporate Services, Inc.

Name of Firm/Company

10601 Clarence Drive, Suite 250

Address

Frisco, TX 75033

City/State and Zip Code

abel25martie@gmail.com

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

For further information concerning this matter, please call:

Chelsea Haire

Name of Person

at ( 844 ) 386-0178  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Legalinc Corporate Services, Inc.

\_\_\_\_\_  
Name of Registered Agent

hereby resigns as

Registered Agent for

G&M TAX AND FINANCIAL SERVICES,LLC

\_\_\_\_\_  
Name of Limited Liability Company

L14000186546

\_\_\_\_\_  
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.

Chelsea Haire

Signature of Resigning Agent

If signing on behalf of an entity:

Chelsea Haire

\_\_\_\_\_  
Typed or Printed Name

on Behalf of Legalinc Corporate Services, Inc.

\_\_\_\_\_  
Capacity

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SECRETARY OF STATE  
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