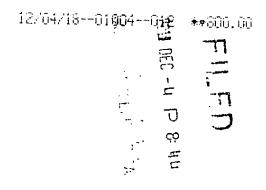
## 117000035309

(Re	questor's Name)	
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(Ād	idress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	s of Status	
Special Instructions to	Filing Officer.	





500321419835



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

Pursuant to the provis	ions of section 605.01	15, Florida Statutes, the un	dersigned,				
Universal Registe	red Agents, Inc.		, hereby resign	ncac			
Name of Registered Agent				y resigns as			
Registered Agent for	GTM Equities LLC						
<del></del>	Name of Li	mited Liability Company		<u></u>			
L17000035309							
Document 1	Number, if known	<del></del>					
A copy of this resignat	tion was mailed to the	above listed limited liabilit	ty company at its	: last k	cnown a	ddress	
If signing on behalf of	ON!	Signature of Resigning Agent					
	Kent Rockwell						
		Typed or Printed Name	<del></del>				
	CEO	Committee		5.	ڪڙ. ::		
	FILING \$ 85.00 \$ 25.00	Capacity  FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	company ved/ voluntarily ility company	disso	1 DEC -u P se liu	ת = כ	

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