

L17000070648

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MARIETTA, GA

K. SALY  
OCT 31 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gray and Company U.S. LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000070648

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:

Danniel Rivera  
Name of Person

Name of Firm/Company

3850 S. University Drive #290772  
Address

Davie, Florida 33328  
City/State and Zip Code

danrivera1008@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danniel Rivera at ( 305 ) 250-8358  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Mariajose Sanchez, Attorney At Law, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for Gray and Company U.S., LLC.

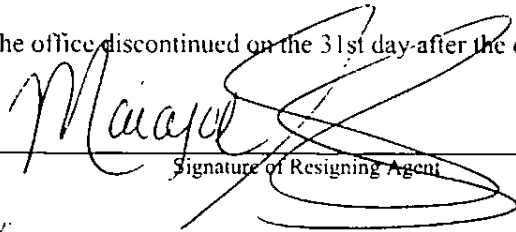
Name of Limited Liability Company

L17000070648

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:

Mariajose Sanchez

Typed or Printed Name

President

Capacity

**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withdrawn limited liability company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

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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS