

L180000016842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

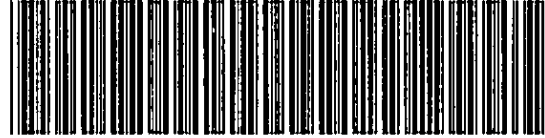
(Business Entity Name)

(Document Number)

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2022 OCT 31 AM 11:41
CLERK OF COURT
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCB HOPS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000016842

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:

HOWARD P. ROSS, ESQ.

Name of Person

RESIDENT AGENT CORPORATION OF PINELLAS COUNTY

Name of Firm/Company

5858 CENTRAL AVENUE, STE A

Address

ST. PETERSBURG, FL 33707

City/State and Zip Code

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

For further information concerning this matter, please call:

HOWARD P. ROSS, ESQ.

at (727) 381-2300

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2022 OCT 31 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

RESIDENT AGENT CORPORATION OF PINELLAS COUNTY, hereby resigns as

Name of Registered Agent

Registered Agent for GCB HOPS, LLC

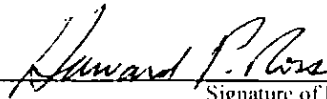
Name of Limited Liability Company

L18000016842

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:

HOWARD P. ROSS, ESQ., B.C.S.

Typed or Printed Name

DIRECTOR

Capacity

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2023 OCT 31 AM 11:41
TALLAHASSEE, FL
DEPARTMENT OF STATE

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