

L18000145431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

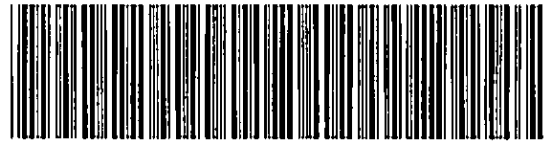
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. YOUNG

2020 NOV 23 PM 6:23

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

GENERAL TECHNOLOGY PARTNERS

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company  
L18000145431

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

D ANDREW BUCK

\_\_\_\_\_  
Name of Person  
GENERAL TECHNOLOGY PARTNERS

\_\_\_\_\_  
Name of Firm/Company  
2539 GREENHAVEN AVE. #308

\_\_\_\_\_  
Address  
WESLEY CHAPEL, FL 33543

\_\_\_\_\_  
City/State and Zip Code  
ANDREWBUCK@GENERALTECHPARTNERS.COM

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

For further information concerning this matter, please call:

ANDREW BUCK 914 525.3960

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Anna Casino

\_\_\_\_\_ , hereby resigns as

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

General Technology Partners

Registered Agent for \_\_\_\_\_

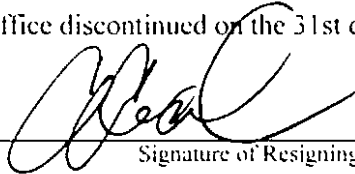
\_\_\_\_\_  
Name of Limited Liability Company

L18000145431

\_\_\_\_\_  
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:

Anna Buck

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

Owner/Manager

\_\_\_\_\_  
Capacity

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2023 NOV 23 PM 6:23  
TALLAHASSEE, FL

## **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