

L18 000214435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200359842182

02/16/21--01024--026 **25.00

2021 FEB 16 PM 7:26

FILED

APR 08 2021

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GGC CONSULTING MLM LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000214435

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:

Adan A. Aulet, Jr., Esq.

Name of Person

MacLean and Ema, PA

Name of Firm/Company

2600 NE 14th Street Causeway

Address

Pompano Beach, FL 33062

City/State and Zip Code

r.castro@ggcconsulting.net

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

For further information concerning this matter, please call:

Adan A. Aulet, Jr., Esq.

954

785-1900

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

MacLean and Ema, P.A. _____, hereby resigns as

Name of Registered Agent

Registered Agent for GGC CONSULTING MLM, LLC

GGC CONSULTING MLM, LLC

Name of Limited Liability Company

L18000214435

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:

Adan A. Aulet, Jr., Esq. for the Firm

Typed or Printed Name

Registered Agent

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

2021 FEB 16 PM 7:26