

L18000274980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

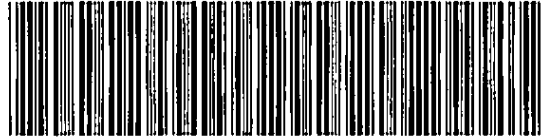
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*LQ*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GBC ENTERPRISE SOLUTIONS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000274980

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:

FARAH CRUZ

Name of Person

FAIL SAFE ACCOUNTING LLC

Name of Firm/Company

20 S ROSE AVE. SUITE 4

Address

KISSIMMEE, FL 34741

City/State and Zip Code

INFO@FAILSAFETAX.COM

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

For further information concerning this matter, please call:

FARAH CRUZ

Name of Person

at ( 407 )  
Area Code

201-7988

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FAIL SAFE ACCOUNTING LLC

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

, hereby resigns as

Registered Agent for GBC ENTERPRISE SOLUTIONS LLC

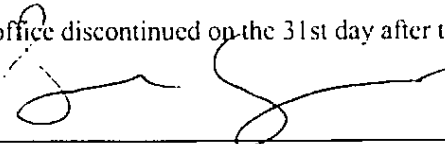
\_\_\_\_\_  
Name of Limited Liability Company

L18000274980

\_\_\_\_\_  
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:

FARAH CRUZ

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

PRESIDENT

\_\_\_\_\_  
Capacity

**FILED**  
2022 MAY 13 AM 8:28  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

### 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