

L18000288095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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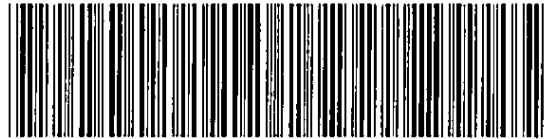
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Ra Resignation*

FEB 13 2024

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GT REAL ESTATE NC, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000288095

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:

DAVID PODEIN  
Name of Person

HABER LAW, LLP  
Name of Firm/Company

251 NW 23 Street  
Address

Miami, FL 33127  
City/State and Zip Code

DPODEIN@HABER.LAW  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID PODEIN at (305) 379-2400  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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SECRETARY OF STATE

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

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

HABER LAW, P.A.

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

, hereby resigns as

Registered Agent for GT REAL ESTATE NC, LLC

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

L18000288095

\_\_\_\_\_  
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.

DocuSigned by:

*David PODEIN*

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

DAVID PODEIN

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

PARTNER

\_\_\_\_\_  
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**

**FILED**  
**2024 JAN 30 PM 1:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**