

L19000031628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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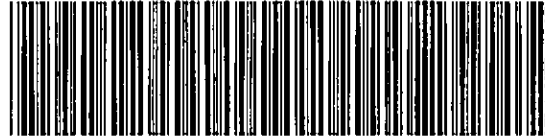
(Business Entity Name)

(Document Number)

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BUIST LAW

www.BuistLaw.com

1200 U.S. Highway One, Suite F
North Palm Beach, FL 33408
(561) 881-1960
(561) 881-3567 Fax

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Law Student

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Paralegal

November 30, 2020

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Gary Reynolds, LLC
Document Number L19000031628

Dear Sir or Madam:

Enclosed please find a form Cover Letter and Statement of Resignation of Registered Agent for a Limited Liability Company. Please note that this LLC was **created without my knowledge** by a former employee of my firm, Buist Law, PLLC, who has been terminated for cause.

If you have any questions, do not hesitate to contact me.

Sincerely,



R. Scott Buist

RSB:der
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gary Reynolds, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10999931628

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:

R. Scott Buist

Name of Person

Buist Law, PLLC

Name of Firm/Company

1200 U.S. Highway One - Suite F

Address

North Palm Beach, FL 33408

City/State and Zip Code

scott@buistlaw.com

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

For further information concerning this matter, please call:

R. Scott Buist at (561) 881-1960

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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


R. Scott Buist PA _____, hereby resigns as
Name of Registered Agent

Registered Agent for Gary Reynolds, LLC _____
Name of Limited Liability Company

L19000031628 _____
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:

R. Scott Buist _____
Typed or Printed Name
Registered Agent _____
Capacity

2023 DEC -8 PM 1:15

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