

119 000 175314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

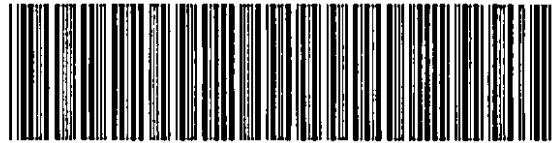
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600384399846

04/05/22--01065--001 ++85.00

2022 APR -5 PM 9:00  
STAMP

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** G.E.C.-REAGENT GREEN EARTH CLEANER LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L19000175314

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CHRISTY SNOW**  
\_\_\_\_\_  
(Name of Person)

**CorpCo**  
\_\_\_\_\_  
(Name of Firm/Company)

**910 Foulk Rd. Suite 201**  
\_\_\_\_\_  
(Address)

**Wilmington, DE 19803**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**CHRISTY SNOW** at **(302) 652-4800**  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for <sup>85</sup>~~\$87.50~~ for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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

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

ARD, SHIRLEY & RUDOLPH, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for G.E.C - REAGENT GREEN EARTH CLEANER LLC

Name of Limited Liability Company

L19000175314

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:

Samual J. Ard

Typed or Printed Name

Capacity

2022 APR -5 PM 9:00  
\$ 25.00

**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