L20000352956

(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:

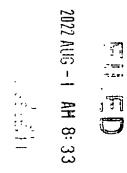
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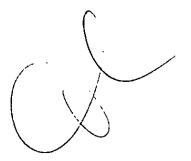


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08/01/22--01013--003 **25.00





COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Guy Gunkle Enterprises LLC			
Name of Limited Liability Company			
DOCUMENT NUMBER: L20000352956			
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	I fee are :	submitt	ed
Please return all correspondence concerning this matter to the following:			
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.		202	
Name of Firm/Company		2022 AUG - I	i (
9900 Spectrum Dr.		6 - 1	س <u>د</u> س اد ۰
Address		2	j J
Austin, TX 78717		AM 8: 33	
City/State and Zip Code	-:	ယ ယ	
raresignations@legalzoom.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
800 773-0888			
Name of Person Area Code Daytime Telephone Nu	mber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the undersi	gned.	
United States Corporation Agents, Inc. , hereby res		nereby resigns as	
		ereby resigns as	
Registered Agent for	Guy Gunkle Enterprises LLC		
	Name of Limited Liability Company		
L20000352956			
Document N	lumber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability co	mpany at its last known addre	255.
The agency is terminate	ed and the office discontinued on the 31st day after the	ne date on which this statemen	ழு is filed.
	CILL	; ;	noo Alic
	Significant of Resigning Agent		
If signing on behalf of an entity:			
	Cheyenne Moseley		
	Typed or Printed Name	- (္ သ သ
	Asst. Secretary for United States Corporation Agen	ts, Inc.	
	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