L 21 000 497005

(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:				

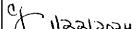
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COVER LETTER

Division of Corporations

SUBJECT: Gerling and associates L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: L21000497005

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:

United States Corporation Agents, Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

9900 Spectrum Dr.

Address

Austin, TX 78717

raresignations@legalzoom.com

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

City/State and Zip Code

For further information concerning this matter, please call:

Name of Person at (800 773-0888

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115, Florida Statutes, the	e undersigned,	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	
		Hereby resigns as	
Registered Agent for	Gerling and associates L.L.C.		
	Name of Limited Liability Company		
L21000497005			
Document	Number, if known		
A copy of this resigna	ntion was mailed to the above listed limited lia	bility company at its last known ad	dress.
The agency is terminate	ated and the office discontinued on the 31st da	ly after the date on which this staten	nent is filed.
	Signature of Resigning A	Agent	20
If signing on behalf of an entity:			2023 L IO
	Cheyenne Moseley		:: :>
	Typed or Printed Name		12
	Asst. Secretary for United States Corporati	ion Agents, Inc.	
	Capacity	· .	7.

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