K22000033264

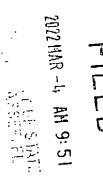
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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C. BRUMBLEY
MAR 1 5 2022

COVER LETTER

TO:	Registration Section Division of Corporations		• 💉	
SUBJ	GC OF EUSTIS			•
	Name	e of Limited Liabili	ry Company	
DOC	UMENT NUMBER: L22000033264	·		
The en	nclosed Resignation of Registered ing.	Agent for a Limit	ed Liability Company and f	ee are submitted
Please	e return all correspondence concern	ning this matter to	the following:	
Zachar	y J. McCormic			
	Name of Person		_	
Law O	ffices of Zachary J. McCormick, PLLC			
	Name of Firm/Company	у		
210 N.	Texas Ave.			
	Address		_	
Tavare	s, FL 32778			
	City/State and Zip Code	8		
Zach@	AttomeyCFL.com			
E	-mail address: (to be used for future annu	al report notification)	_	
For fu	orther information concerning this	matter, please call		
Dena F	Hatcher	352 at (742-7474	
	Name of Person	Area Cod	e Daytime Telephone Numb	per

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,	
Diane Vanlue , hereby resigns as	
Name of Registered Agent	
Registered Agent for GC of Eustis LLC	·
Name of Limited Liability Company	
tvalie of Chilled Clashiny Company	
L22000033264	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its last known add	ress.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement	ent is filed.
Diane Value Signature of Resigning Agent	
If signing on behalf of an entity:	3
Diane Van Lyp - 3	T
Resigning Agent	
If signing on behalf of an entity: Diane Van Lye Typed or Printed Name Resigning Agent Capacity FILING FEES: \$ 85.00 Active limited liability company	D
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