L22000035580

(Re	questor's Name)			
(Ad-	dress)			
•	,			
(Adı	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	■ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Doc	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to f	Filing Officer.			
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: GK & B Living LLC
	Name of Limited Liability Company
DOCU	JMENT NUMBER: L22000035580
The en for fili	iclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
United	d States Corporation Agents, Inc.
	Name of Person
Legal	zoom.com, Inc.
·	Name of Firm/Company
9900	Spectrum Dr.
<u></u>	Address
Austir	n, TX 78717
	City/State and Zip Code
raresi	gnations@legalzoom.com
E-	mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	, 800 773-0888
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605,011:	5, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.			hereby resigns as			
N'	notes, realgile as	oy reorgio do				
Registered Agent for GK	& B Living LLC					
	Name of Lim	ited Liability Company			`	
L22000035580						
Document Numb	er, if known					
A copy of this resignation	was mailed to the a	bove listed limited liability of	company at its last kn	own addre	:SS.	
The agency is terminated a	and the office disco	ntinued on the 31st day after	the date on which thi	is statemer	nt is fil	led.
		Signature of Resigning Agent				
If signing on behalf of an e	entity:					
C	Cheyenne Moseley				202	
_	.L.	yped or Printed Name		<u>C</u>	2023 OCT 3	
Asst. Secretary for United States Corporation Agents, Inc.			ents, Inc.	-	\exists	œæææ U U
		Capacity			<u></u>	2,23623
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				Ť:		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co- Administratively dissolved withdrawn limited liability	mpany d/ voluntarily dissolv y company	/ed/	07	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314