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COVER LETTER

_{SUBJECT:} GMM Remodeling L.L.C. DOCUMENT NUMBER: L22000040966 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 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

Registration Section

Division of Corporations

TO:

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

United States Co	rporation Agents, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	GMM Remodeling L.L.C.		
	Name of Limited Liability Company	······································	
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	number. If known ation was mailed to the above listed limited liability	company at its last known address.	
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A copy of this resigna	ation was mailed to the above listed limited liability		
A copy of this resigna	ation was mailed to the above listed limited liability		
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A copy of this resignate. The agency is terminate	ation was mailed to the above listed limited liability ated and the office discontinued on the 31st day after the signature of Resigning Agent		
A copy of this resignate. The agency is terminate	ation was mailed to the above listed limited liability ated and the office discontinued on the 31st day after the signature of Resigning Agent of an entity:		
A copy of this resigna	ation was mailed to the above listed limited liability ated and the office discontinued on the 31st day after the signature of Resigning Agent of an entity: Cheyenne Moseley	er the date on which this statement is f	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company