

L22000166653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

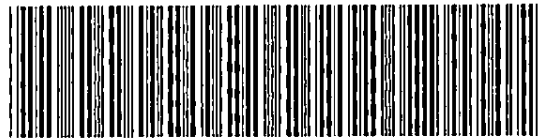
Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

JUL 21 2023

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05/19/23--01015--020 **85.00

FILED
SECRETARY OF STATE
2023 MAY 19 AM 10:17
OFFICE OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GWEDONSRL, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000166683

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:

Corporate Maintenance Lead

Name of Person

Processing Department

Name of Firm/Company

1450 Vassar St

Address

Reno, NV 89502

City/State and Zip Code

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

For further information concerning this matter, please call:

Corporate Maintenance Lead 800 638-2320

Name of Person at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

INC AUTHORITY RA _____, hereby resigns as
Name of Registered Agent

Registered Agent for GWEEDONSRL, LLC

Name of Limited Liability Company

L22000166683
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Trevor Rowley

Typed or Printed Name
Vice President

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
2023 MAY 19 AM 10:17