22000190761

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COVER LETTER

TO: Registration Section Division of Corporations	
Gears Gadgets Gizmos LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: 1.22000190761	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Cory Betts	
Name of Person	•
ZenBusiness Inc.	
Name of Firm/Company	-
336 E. College Ave. Suite 301	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	-
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cory Betts 844 at (493-6249) Daytime Telephone Number
Name of Person Area Code	Daytime rerephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the u	ndersigned.		
ZenBusiness Inc.		, hereby resigns as	;	
	Name of Registered Agent	<u> </u>		
Registered Agent for _	Gears Gadgets Gizmos LLC			
			,	
	Name of Limited Liability Company			
1.22000190761				
Document N	Sumber, if known			
A copy of this resignat	ion was mailed to the above listed limited liabi	lity company at its last	known address.	
The agency is terminat	ed and the office discontinued on the 31st day	· 	ZI HAY	filed
	Signature of Resigning Age	ent	- u	i /T i
If signing on behalf of	an entity:			-7 []
	ZenBusiness Inc. by Khadijeh Hemmati		РН I2: 26	1927
	Typed or Printed Name		26	
	Secretary		-	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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