## 63000328652

| (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: |
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Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: GS TEAM LLC Name of Limited Liabil   | ily Company  |
| DOCUMENT NUMBER: <u>1.22000328652</u>   | -  |
| The enclosed Resignation of Registered Agent for a Limit<br>for filing.   | ted Liability Company and fee are submitted  |
| Please return all correspondence concerning this matter to  | the following:   |
| Chelsea Chapman   |  |
| Name of Person  |  |
| Legaline Corporate Services, INC.   |  |
| Name of Firm/Company  | <del>T</del>   |
| 10601 Clarence Dr Ste 250   |  |
| Address   | T  |
| Frisco, TX 75033-3867   |  |
| City/State and Zip Code   | <del>†</del>   |
| ra@legalinc.com   |  |
| E-mail address: (to be used for future annual report notification   |  |
| For further information concerning this matter, please ca   | ψ:   |
| Chelsea Chapman 844   | 386-0178   |
| Name of Person at (at Ce  | de Daytime Telephone Number  |
| Enclosed is a check made payable to the Florida Departn<br>liability company or \$25.00 for an administratively disso<br>limited liability company. | ent of State for \$85.00 for an active limited<br>lyed, voluntarily dissolved or withdrawn   |
| 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 |

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision: | s of section 605.0115       | , Florida Statutes, th                       | ne undersigned,   |              |                       |                        |
|----------------------------|-----------------------------|--|---|--------------|-----------------------|------------------------|
| Legaline Corporate Service | es. INC.                    |  | , hereby resigns as   |              |                       |                        |
|                            | Name of Registered Agen     | ıı   | , nereby resigns as   | T.           |                       |                        |
| Registered Agent for GS    | S TEAM LLC                  |  |   |              |                       | -                      |
|                            | Name of Lim                 | ited Liability Company                       |   |              |                       | _•                     |
|                            |                             |  |   |              |                       |                        |
| 1.22000328652              |                             | _  |   |              |                       |                        |
| Document Nun               | nber, if known              |  |   |              |                       |                        |
| A copy of this resignation | n was mailed to the al      | oove listed limited li                       | ability company at its last   | known ac     | ldress.               |                        |
| The agency is terminated   | and the office discor       | ntinued on the 31st d                        | ay after the date on which  | this state:  | nent is               | tiled.                 |
|                            |                             | Signature of Resigning                       | Agent   |              |                       |                        |
| If signing on behalf of an | , antino                    | The management of the signal of              | ,                             | :0           | ~>                    |                        |
| it signing on behalf of an | -                           | achary Mathewson                             |   | TAI          | 0221                  |                        |
|                            |                             | ped or Printed Name                          | · · · · · · · · · · · · · · · · · · ·                               | Ţ.:          | AON                   | 0                      |
|                            | On Behalf of Legaline       | · -  | INC.  | 37           | =                     | ا<br>سجمانا<br>سجمانده |
|                            | <del>_</del>                | Capacity                                     |   | SSE.         | 2022 NOV   L PM 5:  5 |                        |
|                            |                             |  |   | יים<br>טויין | ည်<br><del></del>     |                        |
|                            | FILING    § \$5.00  S 25.00 | Active limited liab<br>Administratively o    | oility company<br>dissolved/voluntarily diss<br>d liability company | olved/       | 15                    |                        |
|                            | Make checks payab           | le to Florida Departn<br>Division of Corpoya | nent of State and mail to:  |              |                       |                        |
|                            |                             | P.O. Box 6327                                |   |              |                       |                        |
|                            |                             | Tallahassee, FL 32                           | 314   |              |                       |                        |

INHS17 (2/14)