L23000323935

(Requestor's Name)
(Address)
(Address)
, , ,
(City/State/Zip/Phone #)
(City State / Elp/: Notice #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10/15/24--01018--022 **85.00



COVER LETTER

GIPOWERCONTRACTORS LLC SUBJECT: Name of Limited Liabilit	Company	_
•	• •	
DOCUMENT NUMBER: L23000323935	·	_
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee	are submitted
Please return all correspondence concerning this matter to	the following:	
TRAVIS CRABTREE		
Name of Person	_	
LEGALCORP SOLUTIONS, LLC		
Name of Firm/Company	_	
3 GREENWAY PLAZA #1320		
Address	_	
HOUSTON, TX 77046		
City/State and Zip Code	-	
j.npowercontractors@gmail.com		
E-mail address: (to be used for future annual report notification)	_	हिं
For further information concerning this matter, please call:		
LEGALCORP SOLUTIONS, ELC 888	534-3018 Daytime Telephone Number	سر, ن ان
Name of Person Area Code	Daytime Telephone Number	— ` · _n
Enclosed is a check made payable to the Florida Departme liability company or \$25.00 for an administratively dissolv limited liability company.	nt of State for \$85.00 for an aced, voluntarily dissolved or w	ctive limited;
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
1 A7, 130A OP\$1	The Centre of Tallallassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS17 (2/14)

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes	s, the undersigned,
LEGALCORP SOLUTIONS, LLC	hereby resigns as
Name of Registered Agent	(Notes of 1800 gradual
Registered Agent for GIPOWERCONTRACTORS LLC	
Name of Limited Liability Compa	any
1.23000323935	
Document Number, if known	
A copy of this resignation was mailed to the above listed limite. The agency is terminated and the office discontinued on the 31	
Signature of Resign	ming Agent
If signing on behalf of an entity:	
TRAVIS CRABTREE	-
Typed or Printed Nam	ie :
MEMBER	
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

COVER LETTER

Registration Section Division of Corporations GIPOWERCONTRACTORS LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000323935 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: TRAVIS CRABTREE Name of Person LEGALCORP SOLUTIONS, LLC Name of Firm/Company 3 GREENWAY PLAZA #1320 Address HOUSTON, TX 77046 City/State and Zip Code j.npowercontractors@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEGALCORP SOLUTIONS, LLC Name of Person

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

Mailing Address:

TO:

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 provis	sions of section 605.011	15, Florida Statutes, the	undersigned,		
LEGALCORP SOLUT	ΓΙΟΝS, LLC		, hereby resigns	20	
	Name of Registered Age		, hereby resigns as		
Registered Agent for	GIPOWERCONTRACT	ORS LLC			
	Name of Lir	mited Liability Company			
L23000323935					
Document	Number, if known				
The agency is termin	ated and the office disco	ontinued on the 31st day Signature of Resigning A	_	ch this stat	ement is filed
If signing on behalf o	f an entity:			•	18. (
	TRAVIS CRABTRE	EE			:
	мемвек	Typed or Printed Name	av date	•	
		Capacity:			
					: 2
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively dis withdrawn limited l	ity company solved/ voluntarily di iability company	issolved/	

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

INHS17 (2/14)