## M0800000793

| (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: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



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11/05/12--01050--002 \*\*270.00

SECRETARY OF STATE TALLAHASSES, FLORIDA

APPROVEL AND FILED

D. BRUCE
NOV 1 5 2012
EXAMINER

## **COVER LETTER**

| SUBJECT:                                 | GCC REALTY COMPANY, LLC Name of Limited Liability Company  |                               |
|--|--|-------------------------------|
|  | Name of Limited Liability Company                          |                               |
| DOCUMENT NUMBER:                         | :M0800000793   |                               |
| The enclosed Resignation of for filing.  | of Registered Agent for a Limited Liability Company and fe | e are submitted               |
| Please return all correspond             | dence concerning this matter to the following:             | -                             |
| Brook                                    | ke Breeding<br>le of Person                                |                               |
|  | orate Research, Ltd. Firm/Company                          |                               |
| 615 S [                                  | Dupont Hwy Address   | 7                             |
| Dover                                    | ·, DE 19901  | KLLAHZ                        |
| City/State                               | e and Zip Code   | AND<br>FILE<br>IL P<br>TARY C |
| statrep@n<br>E-mail address: (to be used | nationalcorp.com d for future annual report notification)  | PH 1: 07 OF STATE STELCEND    |
| For further information con              | ncerning this matter, please call:                         | ## <b>기</b>                   |
| Brooke Breed<br>Name of Per              |  | <u> </u>                      |

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:

limited liability company.

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of                                     | section 608.416(               | 2) or 608.509, Florid   | la Statutes, the und | dersigned,      |                         |                         |  |
|---|--------------------------------|---|----------------------|-----------------|-------------------------|-------------------------|--|
| National Corporate Research, Ltd. , hereby resigns as             |                                |   |                      |                 |                         |                         |  |
| Nam   | e of Registered Agei           | ıt  |                      |                 |                         |                         |  |
| Registered Agent for  |                                | GCC REALTY C  | OMPANY, LLC          | <u> </u>        |                         | ,                       |  |
| <del></del>   | Name of Lim                    | ited Liability Company  | <u> </u>             |                 |                         | .9                      |  |
| M0800000  | 0793                           |   |                      |                 |                         |                         |  |
| Document Number   | , if known                     |   |                      |                 |                         |                         |  |
| A copy of this resignation wa                                     | is mailed to the a             | bove listed limited li  | ability company a    | t its last know | n address.              |                         |  |
| The agency is terminated and  ——————————————————————————————————— | <u>A.</u>                      | Signature of Resigning  |                      | n which this s  | tatement is             | filed.                  |  |
|   |                                | ndrew Lundgren  |                      |                 |                         |                         |  |
|   |                                | yped or Printed Name<br>al Corporate Reso<br>Capacity           | earch, Ltd.          |                 | SECRETARY<br>TALLAHASSE | Þ                       |  |
|   | FILING<br>\$ 85.00<br>\$ 25.00 | FEES: Active limited liab Administratively of withdrawn limited | dissolved/ volunta   | arily dissolvei | PH I                    | PPROVED<br>AND<br>FILED |  |

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