## M10000002895

Office Use Only



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EXAMINER



## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE			· 0	<u></u>
	(Name	e of Foreign Limited Liabil	ity Company)	
Dear Si	r or Madam:			
The enc	losed withdrawal and fee(s) are s	submitted for filing.		
Please r	eturn all correspondence concern	ing this matter to the follow	ving:	
GAVIN	N GROSSMAN			
	(Name of Perso	n)	<del></del>	•
G2 IN	VESTMENTS, LLC			
	(Firm/Company	v)		
21612	LIBERTY ST UNIT 111			
	(Address)			
LEXIN	NGTON PARK, MD 2065	53		
	(City/State and	Zip Code)		
For furt	her information concerning this n	natter, please call:		
GAVI	N GROSSMAN	at (347	, 674-2846	
	(Name of Person)	(Area Coo	le & Daytime Telephone Number	)
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	2012 FEB 16 RESECRETARY OF
Enclose	d is a check for the following a	mount:		ME.FLORII
<b>☑</b> \$25 F	Filing Fee \$30 Filing Fee Certificate of S		& <b>1</b> \$60 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

G2 INVESTMENTS, LLC	
(Name of limited liability company)	
NV	
(Jurisdiction of its organization)	
M10000002985	
(Florida Document Number)	<del></del> ,
This limited liability company is no longer transacting business in Floriauthority to transact business in this state.	da and surrenders its
This limited liability company revokes the authority of its registered agenits behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business	t to accept service on f process based on a s in Florida.
21612 LIBERTY ST UNIT 111	
(Mailing address)	
LEXINGTON PARK, MD 20653 (City/State/Zip)	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State change in its mailing address.	in the future of any
8.8	
(Signature of member or authorized representative of a member)	•
GAVIN GROSSMAN	
(Typed or printed name of signee)	2012 FEB 16 AUTI: 1 SECRETARY OF STATE TALLAHASSEE, FLORIC

Filing Fee: \$25.00