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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL GP PANAMA CITY, LLC

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CT CORPORATION

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COVER LETTER

•	istration Section sion of Corporations			
SUBJECT:			19.	
	(Name o	f Foreign Limited Li	ability Company)	
Dear Sit of M	ladaru:			
The enclosed	withdrawal and fee(s) are sub	mitted for filing.		
Please return	all correspondence concerning	this matter to the fo	ollowing:	
Paula McCart	<u> </u>			
	(Name of Person)			
AD DANIAM	A CTTY, LLC			
OF PANAM	(Firm/Company)			
	(*************************************			
665 Simonds				
	(Address)			
Williamstow	n, MA 01267			
(City/State and Zfp Code)				
For further in	formation concerning this mat	ter, please call:		
Paula A McC	larthy	at (413	458-5220	
	(Name of Person)	(Area	Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahasses, Florida 32301		· •	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	check for the following amo	unt:		
□ \$25 Filing	Foo S30 Filing Fee & Certificate of Sta	O 555 Filing to Contified Co		

FL070 - UNITERSOLO C T System Cultur

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA GP PANAMA CITY, LLC (Name of limited liability company)
A Section 1
GP PANAMA CITY, LLC
(Name of limited liability company)
(Jurisdiction of its organization)
M11000002243
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
663 Simonds Road
(Mailing address)
Williamstown, MA 01267
(City/State/Zip)
•
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Jan Sula S
(Signature of member or authorized representative of a member)
Psula McCarthy
(Typed or printed name of signee)

Filing Fee: \$25.00

FL010 - 93/16/2010 C T System Online