Pole000025588

	(Requestor's Name)	
_	(Address)	·
	(Address)	
	(City/State/Zip/Phone	:#)
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PICK-UP	WAIT	MAIL
	(Business Entity Nam	e)
	(Document Number)	
Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	





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FLORIDA CAPITAL COURIER SERVICES, INC 2330.CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM ACCT: 12 AUTHORIZATION SIGNATURE:	20210000168 AMOUNT: \$ 35.00
G&F Renovations, Inc. P06000025588	
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each p.	age) Articles of Organization
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	X Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other
Country	
EXAMINER'S INITIALS:	

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

G&F Renovations, Inc. P060000255	88
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
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Certified Copy (please stamp eacl	h page) Articles of Organization
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NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	AmendmentX_Resignation of R.A. Officer/DirectorChange of Registered Agent
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL () Country	Other

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sect	tions 607.0503(2), 617.0502(2), 607.1509,	or 617.1509,
Florida Statutes, the undersigned	STEPHEN HALL	
Trovida Statatos, tile andersigned.	(Name of Registered Agent	<u> </u>
hereby resigns as Registered Age	ent for G&F RENOVATIONS, INC.	
notory resigns as recognitioned rigo	(Name of Corporation)	
PO6OOO025588		
(Document Number, if known)		
A copy of this resignation was m	ailed to the above listed corporation at its l	ast known address.
h		
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		769
		2
		25
	(Typed or Printed Name)	
		. <u></u> 23
		• •

Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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