PH 0000 98351

(Reques	stor's Name)	
(Addres	s)	<u> </u>
(Addres	s)	
(City/Sta	ate/Zip/Phone #)
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations	
GD 8 DEVELOPMENT INC	
(Name of Corpor	ation)
DOCUMENT NUMBER: P14000098351	
The enclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
HAYDEE CEBA U OS, CPA	
(Name of Person)	_
CEBALLOS CEBALLOS BESTULICH & PADRON LLC	_1
(Name of Firm/Company)	se s
890 SOUTH DIXIE HIGHWAY	SECRET STALL
(Address)	一 是多 6 "
CORAL GABLES, FL 33146	ASSE T
(City/State and Zip Code)	- F100 T
For further information concerning this matter, please call	2
HAYDEE CEBALLOS, CPA 305	381-0825
	de & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	HAYDEE CEBALLOS, CPA	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for GD 8 DEVELOPMENT INC	
nereby resigns as Registered Agent	(Name of Corporation)	
P14000098351		
(Document Number, if known)		
A copy of this resignation was mai	led to the above listed corporation at its last known address.	
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date on which	
If signing on behalf of an entity:	(Signature of Resigning Agent) (Typed or Printed Name)	
	(Capacity)	
	(only only)	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1. 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	HAYDEE CEBALLOS, CPA
, and the second	(Name of Registered Agent)
hereby resigns as Registered Agen	GD 8 DEVELOPMENT INC
nereby resigns as Registered Agen	(Name of Corporation)
P14000098351	
(Document Number, if known)	_
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the date on which
Harfde	(Signature of Resigning Agent)
If signing on behalf of an entity:	
	(Capacity)
	(Capacity)
	· 📆 🏲

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation