## 115000 16478

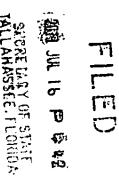
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.1) 0.1010 2.1011 1.111
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300331581943

07/16/19--01011--001 ++122.50



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: G-Creations INC (Name of Corporation)
DOCUMENT NUMBER: P15000 (6478
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Haria Veronica Benitez Perez. (Name of Person)
G-Creations INC (Name of Firm/Company)
8373 NE 2Nd AVE (Address)
Hiani Florida 33138. (City/State and Zip Code)
For further information concerning this matter, please call:
Harior Veronica Benite Zat (305) 7837787.  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active co

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, (Name of Registered Agent)
hereby resigns as Registered Agent for 6, Creation (Name of Corporation)
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
Gusmar Lopez (Typed or Printed Name)
(Typed of Finaled Name)
85%. <b>3</b> 60 388
(Capacity)
Fee for filing this document: \$87.50 - Active Corporation
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