

A100000000682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

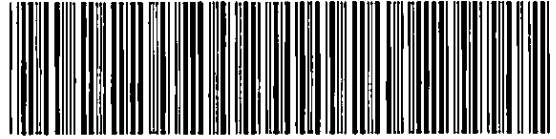
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600313119906

600313119906
07/05/18--01002--005 **87.50

2018 JUN 29 PM 4:14
RECEIVED
ATTORNEY GENERAL'S OFFICE

B FIGUEROA

JUL 06 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GELLER FAMILY HOLDINGS LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A10000000682

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GENNA R. RUBOLINO, CP, FRP
Contact Person

PROSKAUER ROSE LLP
Firm/Company

2255 GLADES ROAD, SUITE 421A
Address

BOCA RATON, FL 33431
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GENNA R. RUBOLINO at (561) 241-7400
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

- \$87.50 Filing Fee \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

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

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

RECEIVED
2018 JUN 29 PM 1:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301



**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

PROSKAUER ROSE LLP, hereby resigns as
Name of Registered Agent

Registered Agent for GELLER FAMILY HOLDINGS LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

A10000000682
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.



Signature of Registered Agent

If signing on behalf of an entity:

DAVID PRATT, ESQ.
Typed or Printed Name
MANAGING PARTNER
Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

2018 JUN 29 PM 4: 14
RECEIVED
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-29-2018 BY 60322 UCBAW