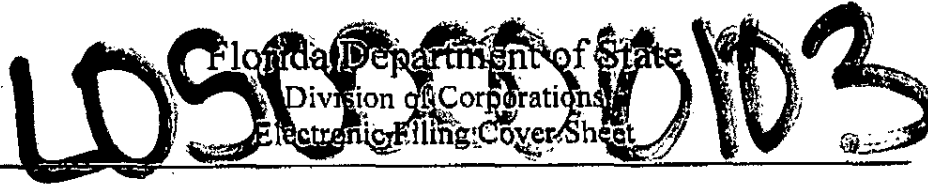


Division of Corporations

Page 1 of 2

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000286892 3))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813)223-7000
Fax Number : (813)229-4133

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: N/A

LLC REGISTERED AGENT RESIGNATION
GYPSTACK PROPERTY DEVELOPMENT, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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D. SCOTT
NOV 28 2016

H160002868923

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CF REGISTERED AGENT, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for **GYPSTACK PROPERTY DEVELOPMENT, LLC**

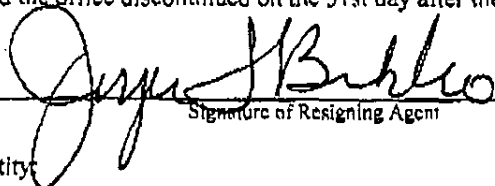
Name of Limited Liability Company

L05000010103

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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

If signing on behalf of an entity:

Joyce F. Bentubo

Typed or Printed Name

Secretary

Capacity

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

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

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