

L14000074268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

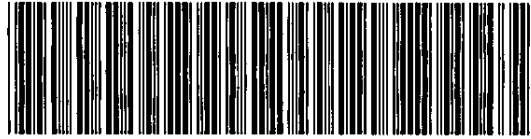
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500271803845

*Resignation
of RA*

04/17/15--01019--016 **85.00

FILED
2015 APR 17 PM 1:58
OFFICE OF THE CLERK OF STATE
TALLAHASSEE, FLORIDA

*ADR
4/22/15*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GGT MIAMI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000074268

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLYN KAHL
Name of Person

RGPA REGISTERED AGENT CORP
Name of Firm/Company

3370 MARY STREET
Address

MIAMI, FLORIDA 33133
City/State and Zip Code

CKAHL@RGPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLYN KAHL at (305) 859-6050
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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

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

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

RGPA REGISTERED AGENT CORP.

, hereby resigns as

Name of Registered Agent

Registered Agent for GGT MIAMI, LLC

Name of Limited Liability Company

L14000074268

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:

ERIC A. GONZALEZ

Typed or Printed Name

VICE PRESIDENT

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**

FILED
2016 APR 17 PM 1:58
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA