A10000000682

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(Address)

(City/State/Zip/Phone #)

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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

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RECEIVED

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

INHS16 (01/06)

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**

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