

A100000000682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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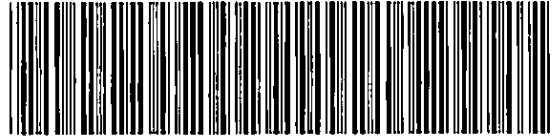
(Business Entity Name)

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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

Name of Contact Person

at (561)

241-7400

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

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

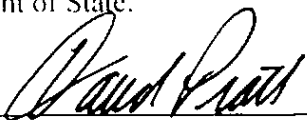
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

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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ALLAHABAD, INDIA