

844220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

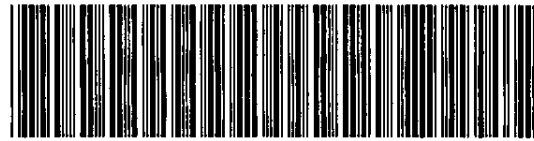
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500292131005

11/15/16--01016--007 **35.00

16 NOV 15 AM 9:57
SOUTH CAROLINA
DIVISION OF CORPORATIONS

NOV 18 2016
C McNAIR

COVER LETTER

STATE DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
16 NOV 15 AM 9:58

TO: Amendment Section
Division of Corporations

SUBJECT: GIL LEASEHOLDS LTD.
(Name of Corporation)

DOCUMENT NUMBER: 844220

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRA BASEN
(Name of Person)

GIL LEASEHOLDS LTD
(Name of Firm/Company)

89 WELLS HILL AVE.
(Address)

TORONTO ONTARIO CANADA M5R 3A7
(City/State and Zip Code)

For further information concerning this matter, please call:

IRA BASEN at (416) 963-8023
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

STATE OF FLORIDA
DIVISION OF CORPORATIONS
76 NOV 15 AM 9:59

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, INCORP

(Name of Registered Agent)

hereby resigns as Registered Agent for GIL LEASEHOLD LTD.

(Name of Corporation)

844220

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:
\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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