

A100000000682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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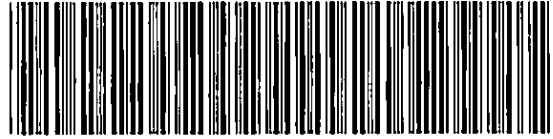
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**COVER LETTER**

**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

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 31<sup>st</sup> 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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