L02000017449

(Re	questor's Name)		
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
. (Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STATE

K. SALY FEB 27 2018

COVER LETTER

Division of Corporations Geomar Investment Group LLC Name of Limited Liability Company 102000017449 **DOCUMENT NUMBER:** 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: **RESIGNATION TEAM** Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company **80 STATE STREET** Address ALBANY NY 12207 City/State and Zip Code CSCGLOBAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ACCOUNTING Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:** STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the u	ındersigned,	TEST TO
CORPORATION	SERVICE COMPANY	, hereby resigns as	1 8 2 L
Name of Registered Agent		, nereey resigns as	
Registered Agent for _	Geomar Investment Group LLC		TO W
			32 5
	Name of Limited Liability Company		7,7
L02000017449			
Document N	Number, if known		
A copy of this resignat	tion was mailed to the above listed limited liabi	lity company at its last k	nown address.
The agency is terminat	ted and the office discontinued on the 31st day of Signature of Resigning Age	+	his statement is filed.
If signing on behalf of	an entity:		
	ROBIN MOLT		
	Typed or Printed Name		
	ASST SECRETARY		
	Capacity	100	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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