

L04000036418

(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:

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2014 FEB -5 PM 2 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: FLORIDA DEPARTMENT OF STATE

From: Jodette Hamilton jhamilt2@cscinfo.com

Date: February 4, 2014

Order#: 987886/

Re: GREAT FALLS PASS, LLC

Enclosed please find:

- XX Resignation of Agent.
- XX Check in the amount of \$85.

Please take the following action:

- XX File in your office on a routine basis.
- XX Issue Proof of Filing.
- XX Return Regular Mail in the enclosed envelope.

Attn: Jodette Hamilton
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

2014 FEB -5 PM 2 54
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for GREAT FALLS PASS, LLC

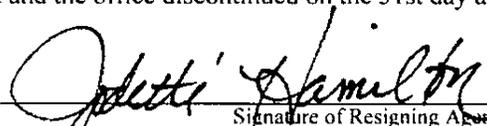
Name of Limited Liability Company

L04000036418

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Jodette Hamilton

Typed or Printed Name

Assistant VP

Capacity

2014 FEB 5 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILING FEES:

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withdrawn limited liability company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

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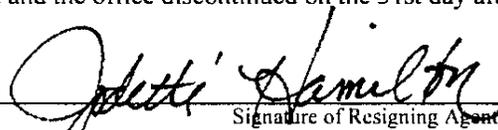
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