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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 22 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2115 PONCE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000015180

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:

John Gelety
Name of Person

John A. Gelety, PA
Name of Firm/Company

200 S. Biscayne Blvd., Suite 2700
Address

Miami, FL 33131
City/State and Zip Code

jagelety@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John A. Gelety at (305) 321.4901
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

John A. Gelety, hereby resigns as
Name of Registered Agent

Registered Agent for 2115 PONCE, LLC
Name of Limited Liability Company

L05000015180
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:

John A. Gelety
Typed or Printed Name
Capacity

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TALLHASSEE, FLORIDA

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withdrawn limited liability company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**