

L06000024673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

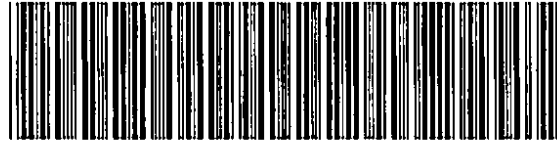
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500326860035

03/27/19--0100--00

FILED  
2019 MAR 27 A 12:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

4/8/19 DS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GML AFFORDABLE HOUSING DIVISION, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000024673

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:

NICOLE J. HUESMANN

Name of Person

NICOLE J. HUESMANN, P.A.

Name of Firm/Company

150 ALHAMBRA CIRCLE, SUITE 1150

Address

CORAL GABLES, FL 33134

City/State and Zip Code

NJHUESMANN@NJHLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE J. HUESMANN

at ( 305 ) 858-0220

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2015 MAR 27 A 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FILED  
2019 MAR 27 AM 11:38  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA  
s last known address.

MARK S. SCOTT, ESQ. (SCOTT, MARK SESQ.) \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for GML AFFORDABLE HOUSING DIVISION, LLC

Document Number, if known

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

MARK S. SCOTT

Typed or Printed Name

Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

INHS17 (2/14)