-L0800048355

(Requestor's Name)			
(Address)			
(Address)	_		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
. (Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	_		
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RAPONS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: GHR CHRIS Name of Li	STMAS HOUSE, LLC
DOCUMENT NUMBER:	L08000048355
The enclosed Resignation of Registered Agent for filing.	t for a Limited Liability Company and fee are submitted
Please return all correspondence concerning the	his matter to the following:
Kim M. Stanfield Name of Person	
The Hogan Law Firm, LLC Name of Firm/Company	
20 So. Broad Street Address	
Address	
Brooksville, Florida 34601 City/State and Zip Code	·
kstanfield@hoganlawfirm.com E-mail address: (to be used for future annual repo For further information concerning this matter	
•	at (<u>352</u>) <u>799-8423</u> Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administration limited liability company.	da Department of State for \$85.00 for an active limited ively dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS: Amendment Section

Division of Corporations
FO. Box 6327
Fallahassee: FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions of secti	on 608.416(2) or 608.509, Florida Statutes, the	e undersigned,		
The Hogan	Law Firm, LLC , herel	by resigns as		
	Registered Agent			
Registered Agent for	GHR CHRISTMAS HOUSE,	LLC		
Name of Limited Liability Company				
L08000048355	;			
Document Number, if kn	own			
A copy of this resignation was ma	iled to the above listed limited liability compa	ny at its last known address.		
The agency is terminated and the	office discontinued on the 31st day after the da	ate on which this statement is filed.		
	Signature of Resigning Agent			
If signing on behalf of an entity:				
	Deborah Hogan			
	Typed or Printed Name			
	Manager			

FILING FEES:

Capacity

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withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314