L090000072458

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COVER LETTER

Division of Corporations		
SUBJECT: Miami V. GFN. LLC Name of Limited Liability	y Company	
DOCUMENT NUMBER: L09000072458		
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are su	ıbmitted
Please return all correspondence concerning this matter to t	he following:	
Adam Woodruff		
Name of Person	-	
Miami V GFN LLc		
Name of Firm/Company	-	
15657 South Dixie Highway		
Address	_	
Miami FL 33157	**************************************	<u>123</u>
City/State and Zip Code	-	
fowi@bellsouth.net	HAS	SED
E-mail address: (to be used for future annual report notification)	- m≺ ™≺	On [
For further information concerning this matter, please call:		3 1
Adam Woodruff _{at (} 786	、203-5278 智慧	ઝ ૄ <u>ૈ</u> ફ
	& 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416	6(2) or 608.509, Florida S	Statutes, the undersigned,	
Nick Ogurtso			, hereby resigns as	
	Name of Registered Age		, 	
Registered Agent for	Miami V. GF	FN, LLC		
	Name of Lin	nited Liability Company	,	
L090000724	58			
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the	above listed limited liab	ility company at its last known address.	
The communications	d and the efficient discus-	and and describe	after the date on which this statement is fil	a.
If signing on behalf of a	•	Signature of Resigning Ag		
	NICKOLAI	OG-URT	504	
	7	Typed or Printed Name		
		Capacity		
			F	77
	FILING \$ 85.00 \$ 25.00	Active limited liability	solved/voluntarily dissolved/ \circ	T TO
	Make checks payal	ble to Florida Departmen	it of State and mail to:	r
		Division of Corporation P.O. Box 6327	18	

Tallahassee, FL 32314