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TALLAHASSEE
FLORIDA

RA Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CGH Properties LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LO9000073661

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:

Justin Hannah
Name of Person

CGH Properties LLC
Name of Firm/Company

4907 Bayshore Blvd #105
Address

Tampa, FL 33601
City/State and Zip Code

funding4th@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Hannah at (702) 408-4116
Name of Person Area Code Daytime Telephone Number

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14 DEC 31 PM 3:06
TALLAHASSEE, FL
SECRETARY OF STATE

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Jim Crimella, hereby resigns as
Name of Registered Agent

Registered Agent for CGH Properties, LLC
Name of Limited Liability Company

L09000073661
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:

Typed or Printed Name

Capacity

FILED
14 DEC 31 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, 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withdrawn limited liability company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