

L10000063800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

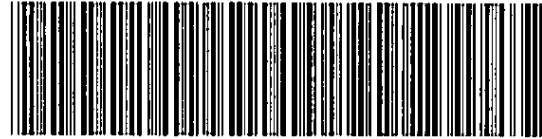
(Business Entity Name)

(Document Number)

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OFFICE OF STATE  
TREASURER, FL

JUN 0 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GULF RIVER REALTY LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000063800

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:

JUMAN, NEZAMODEEN

Name of Person

Name of Firm/Company

14556 RIVERSIDE DRIVE

Address

FORT MYERS, FL 33905

City/State and Zip Code

nezam@me.com

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

For further information concerning this matter, please call:

nezam@me.com at (239) 565-2775  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

DLF Registered Agent Service, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for GULF RIVER REALTY LLC

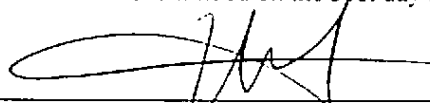
Name of Limited Liability Company

L10000063800

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 31<sup>st</sup> day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Michael A Scott

Typed or Printed Name

MGR

Capacity

2021-12-25 PM 4:02  
STATE  
TALLAHASSEE, FL

### **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