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(Re	equestor's Name)	<u></u>
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SECRETARY OF STATES

J. SAULSBERRY EXAMINER

JUN 2 8 2011

COVER LETTER

SUBJECT: 12 Gatehouse, LLC	_		
Name of Limited Liability Company			
DOCUMENT NUMBER: L10000064100	_		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing.	are	submit	ted
Please return all correspondence concerning this matter to the following:			
William H. Meeks, Esq. Name of Person			
Dobbins, Meeks, Raleigh & Dover, LLP Name of Firm/Company	SECR	2011 JUN 16	- 4.4
3081 East Commercial Boulevard Address	TARYO		- Th
Fort Lauderdale, FL 33308-4380 City/State and Zip Code	SINTE	AM 9: 11	(I)
whmeeks@ndmrd.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
William H. Meeks at (954) 491-1100 Name of Person Area Code & Daytime Telephone Number	<u> </u>		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section
Division of Corporations

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: 12 (limited liability company as Gatehouse, LLC	it appears on the records	of the Florida Depar	rtment
2. This limited liabi	lity company was organized	under the laws of:		
3. The Florida docu L10000064	ment/registration number of .100	this limited liability com	pany is:	
4. I, Gerald J. H	Houlihan une of Person Resigning)	, hereby resign as a _	Managing Men	nber
resignation in wri	sping Member, Managing M		SECRETARY OF S	ZOII JUN 16 AM
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		RIDA	بريا م. =