

L10000065860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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14 JAN 30 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 31 2014

7577



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2014

ED CHERRY  
902 CLINT MOORE RD  
BOCA RATON, FL 33487

SUBJECT: GROWTH CAPITAL PARTNERS I, LLC  
Ref. Number: L10000065860

We have received your document for GROWTH CAPITAL PARTNERS I, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 314A00000468

**TO:** Amendment Section  
Division of Corporations

DOCUMENT NUMBER: L10000065860

**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 provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

JESSICA JACULLI, hereby resigns as  
Name of Registered Agent

Registered Agent for GROWTH CAPITAL PARTNERS I, LLC  
Name of Limited Liability Company

L100000065860  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**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withdrawn limited liability company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**

FILED  
TALLAHASSEE, FLORIDA  
14 JAN 30 PM 2:10  
2017