

**L11000050485**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

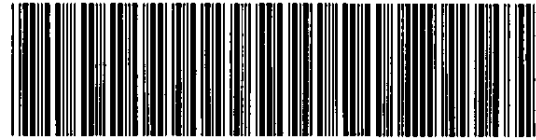
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600289879506

09/07/16--01020-

16 SEP - 8 PM 2:44  
245.00  
TAXES OF FLORIDA  
TALLAHASSEE, FLORIDA

2016 SEP - 6 PM 12:56  
TALLAHASSEE, FLORIDA

SEP 09 2016

Y SULKER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE SPRINGS GP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000050485

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:

Brooke Daugherty-Hayes  
Name of Person

National Corporate Research, Ltd.  
Name of Firm/Company

850 New Burton Road, Suite 201  
Address

Dover, DE 19904  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brooke Daugherty-Hayes at ( 866 ) 621-3524  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

*Inactive*

*Admin Dissolution*

*\$25 LLC*

## 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,

National Corporate Research, Ltd., hereby resigns as  
Name of Registered Agent

Registered Agent for THE SPRINGS GP, LLC

Name of Limited Liability Company

L11000050485

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.

Brooke D. Hayes

Signature of Resigning Agent

If signing on behalf of an entity:

Brooke Daugherty-Hayes

Typed or Printed Name

Assistant Secretary

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