

L11 0000 50937 ✓

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TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 15 2011

EXAMINED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A FORTUNE TELLERS DREAM GC MANAGEMENT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000050937

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:

ALLEN COLLINS

Name of Person

A FORTUNE TELLERS DREAM GC MANAGEMNT C
Name of Firm/Company

20910 COPPERHEAD DRIVE

Address

LEHIGH ACRES, FL 33936

City/State and Zip Code

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

For further information concerning this matter, please call:

ALLEN COLLINS

Name of Person

at

(239) 369-8200

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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11 SEP 14 PM 2:32
TALLAHASSEE, FLORIDA
STATE

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,

TOM FOWLER

Name of Registered Agent

, hereby resigns as

Registered Agent for A FORTUNE TELLERS DREAM GC MANAGEMENT LLC

Name of Limited Liability Company

L11000050937

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.

Tom Fowler

Signature of Resigning Agent

If signing on behalf of an entity:

A FORTUNE TELLERS DREAM GC MANAGE

Typed or Printed Name

REGISTERED AGENT

Capacity

SEP 14 2011
TALLAHASSEE, FLORIDA

11 SEP 14 PM 2:32

FILED

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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