

412000044261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

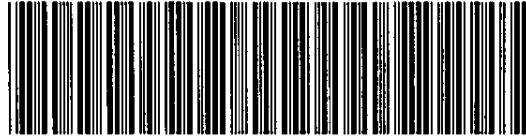
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600272344126

04/30/15--01021--019 **85.00



CLERK OF STATE
TALLAHASSEE, FLORIDA

15 APR 20 AM 7:19

FILED

Max Eslyn

MAY 06 2015

T. LEMUEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good Life EB5 Advisors LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000044261

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:

Ernest Munzen

Name of Person

GEM Management

Name of Firm/Company

15251 Amberly Drive

Address

Tampa, FL 33647

City/State and Zip Code

emunzen@gemrealestate.biz

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

For further information concerning this matter, please call:

Ernest Munzen

at (813) 777-4494

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Ernest S. Munzen

, hereby resigns as

Name of Registered Agent

Registered Agent for Good Life EB5 Advisors LLC

Name of Limited Liability Company

L12000044261

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.

Ernest S. Munzen
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
15 APR 20 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA