

L12000147555

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DIVISION OF CORPORATIONS  
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C. LEWIS

JUL 23 2014

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRS CAPITAL GROUP #1, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000147555

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:

GERARDUS R. STEENBERGEN

Name of Person

READEN HOLDING CORP.

Name of Firm/Company

KORTENHOEFSEDIJK 155

Address

KORTENHOEF 1241 LZ, NETHERLANDS

City/State and Zip Code

info@readenholdingcorp.com

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

For further information concerning this matter, please call:

GERARDUS R. STEENBERGEN at ( +31 ) 35 629 9970  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

COLM KING

Name of Registered Agent

, hereby resigns as

Registered Agent for

GRS CAPITAL GROUP #1, LLC

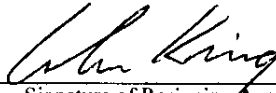
Name of Limited Liability Company

L12000147555

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 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**

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