## L13000025229

(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:				
wrong form				

Office Use Only



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OCT 28 2016

Y SULLIER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2016

GHC-Q95, L.L.C. 401 ST JOHNS AVENUE PALATKA, FL 32177

SUBJECT: GHC-Q95, L.L.C. Ref. Number: L13000025229

We have received your document for GHC-Q95, L.L.C. and your checks) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 916A00022154



## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: GHC-Q95, L.L.C.	red Liability Company		
DOCUMENT NUMBER: L13000025229	ed Liability Company		
The enclosed Resignation of Registered Agent for filing.	r a Limited Liability Company and fee are submitted		
Please return all correspondence concerning this	matter to the following:		
JJ Gullett			
Name of Person	<del></del>		
Name of Firm/Company			
401 Saint Johns Avenue			
Address			
Palatka, FL 32177			
City/State and Zip Code	<del></del>		
JJ@GullettTitle.com			
E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter, pl	ease call:		
JJ Gullett	386 328-5106		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an active limited ly dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Sta	nutes, the undersigned,	
GULLETT TITLE, I	NC.	, hereby resigns	as
	Name of Registered Agent	, nereby resigns	LAL.
Registered Agent for	6HC-Q95, L.L.C.		
	Name of Limited Liability C	ompany	,
L13000025229			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed li	mited liability company at its la	ast known address.
The agency is terminate	ed and the office discontinued on th	e 31st day after the date on whi	ch this statement is filed.
	Signature of R	Resigning Agent	16 OCT
If signing on behalf of a	in entity:		ASS ASS
	JJ Gullett		M.S.
	Typed or Printed	Name	750
	President		S IA
	Capacity		

**FILING FEES:** 

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314