

L16 000017784

(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



800294881548

01/30/17--01027--027 **85.00

FILED
JAN 30 A 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JAN 31 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gedain Real Estate LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000017784

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:

Evans Gedeon
Name of Person

Name of Firm/Company

218 Parkwood Drive South
Address

Royal Palm Beach, FL 33411
City/State and Zip Code

GEDAINREALESTATELLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenny Jourdain at (786) 856-7289
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Evans Gedeon, hereby resigns as
Name of Registered Agent

Registered Agent for Gedain Real Estate LLC
Name of Limited Liability Company

L16000017784
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
JUL 20 11:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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