116000017784

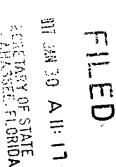
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operation action to 1 ming contest.

Office Use Only



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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 for filing.	submitted
Please return all correspondence concerning this matter to the following:	
Evans Gedeon Name of Person	
Name of Firm/Company	
218 Parkwood Brive South	
Royal Palm Beach FL 33411 City/State and Zip Code	
GEDAIN REALESTATELLCO 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 actiliability company or \$25.00 for an administratively dissolved, voluntarily dissolved or with liability company.	ve limited idrawn limited
MAILING ADDRESS: STREET ADDRESS:	
Registration Section Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
1.0. Dox 0327 Cinton Dunuing	

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 provisions of section	n 605.0115, Florida St	atutes, the unders	signed,	
Evans Ged	eon		hereby resigns as	
Name of Reg				
Registered Agent forGedd	ain Real E	State LI	LC	
N	ame of Limited Liability	Company		
L16600017784 Document Number, if known	n			
A copy of this resignation was maile	ed to the above listed	limited liability o	ompany at its last l	mown address.
The agency is terminated and the of	fice discontinued on t	he 31st day after	the date on which	this statement is filed.
	Fyan I	edi		
(Signature of	Resigning Agent		
If signing on behalf of an entity:			हा हैं। अस्तर के दे	
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	Typed or Printe	d Name	(TI	OF STA
	Capacity			三 三

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