

L17000221112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

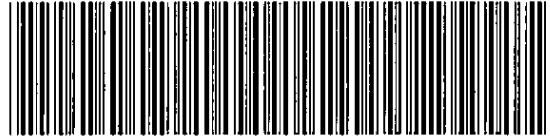
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800416922058

10/17/23--01012--019 **25.00

FILED

2023 OCT 17 AM 11:51

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GML Properties I LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000221112

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:

Perla Sole Calas

Name of Person

Corvo & Calas

Name of Firm/Company

14750 NW 77th Court, Suite 300

Address

Miami Lakes, FL 33016

City/State and Zip Code

paralegal2@corvocalas.com

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

For further information concerning this matter, please call:

Perla Sole Calas or Chanel Coalla 305 827-0084

Name of Person at () Daytime Telephone Number
Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Perla Calas

Name of Registered Agent

, hereby resigns as

Registered Agent for GML Properties 1 LLC

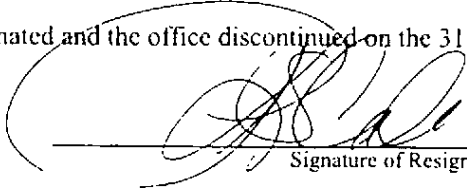
Name of Limited Liability Company

L17000221112

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

FILED
2023 OCT 17 AM 11:51
CLERK OF COURT
TALLAHASSEE, FLORIDA