120000234244

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)		
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•
Gigi Adel LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: 1.20000234244	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Cory Betts	
Name of Person	
ZenBusiness Inc.	
Name of Firm/Company	•
336 E. College Ave. Suite 301	
Address	
Tallahassee, Fl. 32301	
City/State and Zip Code	•
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cory Betts 844 at (493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 provisi	ons of section 605.0115. Florida Statutes, the under	rsigned,
Registered Agents Inc.		
	Name of Registered Agent	, ,
Registered Agent for _	Gigi Adel LLC	
	Name of Limited Liability Company	
L20000234244		
Document 8	Number, if known	
	tion was mailed to the above listed limited liability ted and the office discontinued on the 31st day after	
• •	Signature of Resigning Agent	3 F
If signing on behalf of	an entity:	<u> </u>
	Registered Agents Inc. by David Roberts	
	Typed or Printed Name	
	Assistant Secretary	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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