L21000419182

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: GP Luxury Management LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L21000419182
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ions of section 605.01	15. Florida Statutes, the unde	rsigned.			
United States Corporation Agents, Inc. , hereby res				15		
				.5		
Registered Agent for	GP Luxury Manag	jement LLC				
						_
	Name of Li	mited Liability Company				— '
L21000419182						
Document 8	Number, if known					
A copy of this resignat	ion was mailed to the	above listed limited liability	company at its las	st known	addres	S.
The agency is terminat	ed and the office disc	ontinued on the 31st day after	the date on whic	h this sta	itement	is filed.
		Signature of Resigning Agent	<u>_</u>			
If signing on behalf of	an entity:					
	Cheyenne Moseley			ίαLί IALί	71 NNF 6283	
		Typed or Printed Name		LAHASSEI	Ē	-11
	Asst. Secretary for	United States Corporation Age	ents, Inc.	ĀS.	z	
		Capacity		, , , , ,		111
				- P.S.	<u> </u>	
				∭SIAIE .FLORIDA	PM 4: 1	
	<u>FILING</u> \$ 85.00	<u>i FEES:</u> Active limited liability co	mnany	ĺΑ	_	
	\$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily dis y company	solved/		

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