

NO2000002733

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

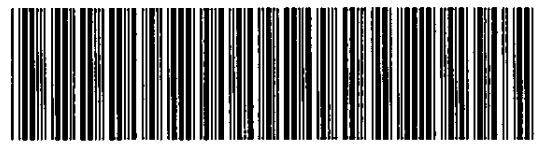
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 20 2015  
Y SULKER

CT

111 Eighth Avenue  
New York, NY 10011

212.894.8940 tel  
212.590.9180 fax  
www.ctcorporation.com

September 25, 2015

RE: GHR, LLC (DE, DOM.)

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$85.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri (hm)*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA/hm  
Enclosure

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Assistant Secretary

TA/hm  
Enclosure

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GHR, LLC (DE. DOM.)  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M02000002733

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:

THERESA ALFIERI

Name of Person

C T CORPORATION SYSTEM

Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR

Address

NEW YORK, NY 10011

City/State and Zip Code

Theresa.Alfieri@Wolterskluwer.com

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

For further information concerning this matter, please call:

THERESA ALFIERI

Name of Person

at ( 212 ) 894-8516

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

INHS17 (12/13)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

C T CORPORATION SYSTEM, hereby resigns as  
Name of Registered Agent

Registered Agent for GHR, LLC (DE. DOM.)

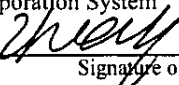
\_\_\_\_\_  
Name of Limited Liability Company

M02000002733

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.

C T Corporation System  
By:   
Signature of Resigning Agent

If signing on behalf of an entity:

C T Corporation System - Theresa Alfieri  
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**

INHS17 (12/13)

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15 OCT 19 PM 2:06  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

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Registered Agent for GHR, LLC (DE. DOM.)

\_\_\_\_\_  
Name of Limited Liability Company

M02000002733

Document Number, if known

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C T Corporation System  
By: *Theresa Alfieri*  
Signature of Resigning Agent

If signing on behalf of an entity:

C T Corporation System - Theresa Alfieri  
Typed or Printed Name  
Assistant Secretary  
Capacity

### **FILING FEES:**

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