# 140500003450

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### **COVER LETTER**

SUBJECT: GEMINI TAMIAMI 8, LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: M05000003450	
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:
ROBIN MOLT	
Name of Person	
CORPORATION SERVICE COMPANY	
Name of Firm/Company	·
80 STATE STREET	•
Address	
ALBANY NY 12207	
City/State and Zip Code	
ROBIN.MOLT@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROBIN MOLT 518	) 433/7018 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	t of State for \$85.00 for an active limited

## MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provis	ions of section 605.0115, Florida Stati	ites, the undersigned,	
CORPORATION SERVICE COMPANY		, hereby resigns a	s
	Name of Registered Agent	,,,,	-
Registered Agent for	GEMINI TAMIAMI 8, LLC		
	Name of Limited Liability Cor	npany	,
M05000003450			
Document 1	Number, if known		
A copy of this resigna	tion was mailed to the above listed lim	nited liability company at its las	et known address.
The agency is termina	ted and the office discontinued on the	31st day after the date on whic	
	Roben Signature of Re-	Signing Agent	JUL 22 AM
If signing on behalf of	an entity:		39 <b>5</b> 0
	ROBIN MOLT		· · · · · · · · · · · · · · · · · · ·
·	Typed or Printed N	ame	7.5
	ASST 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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