M06000005649

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J. HARRIE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: GEMINI TOWN CENTER 1, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: M06000005649	
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	
RMOLT@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROBIN MOLT at (518 Name of Person Area Code	433-7018
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited
	ET ADDRESS: ation Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115	5. Florida Statutes, the unc	dersigned,	
CORPORATION S	ERVICE COMPAN	NY	_ , hereby resigns as	
	Name of Registered Agen			
Registered Agent for	Gemini TOWN CE	NTER 1, LLC		
	Name of Limi	ited Liability Company		·
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
M06000005649				
Document No	umber, if known			
A copy of this resignation	on was mailed to the a	bove listed limited liabilit	y company at its last known add	dress.
The agency is terminate	d and the office discor	ntinued on the 31st day af	ter the date on which this staten	nent is filed.
	P	Signature of Resigning Agent	1	82
If signing on behalf of a	ın entity:) = (· · · · · · · · · · · · · · · · · ·	2817 AUG 14
	ROBIN MOLT			
	Ty	yped or Printed Name	<u>-</u> (の名) (の名)	=
	ASST SECRETA	ARY		- 목 -
		Capacity		يَّ وَيُ
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ived/ voluntarily dissolved/ ility company	

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