## M06000006539

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	of Limited Liabilit	y Company
DOCUMENT NUMBER: M0600000	6539	
The enclosed Resignation of Registered A for filing.	Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to	the following:
ROBIN MOLT		
Name of Person		_
CORPORATION SERVICE COMPAN	NY	
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 m	atter, please call:	
ROBIN MOLT	518	433-7018 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the $\iota$	indersigned.
CORPORATION SI	ERVICE COMPANY	, hereby resigns as
	Name of Registered Agent	: recent resigns to
Registered Agent for	Gemini TOWN CENTER 15, LLC	<del>-</del>
	Name of Limited Liability Company	
M06000006539		ility company at its last known address.
Document Nu	imber, if known	ا ا ا
-	on was mailed to the above listed limited liabid and the office discontinued on the 31st day	after the date on which this statement is files.
	Signature of Resigning Ag	J
If signing on behalf of a	n entity;	
	ROBIN MOLT	
	Typed or Printed Name	<del>_</del>
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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