

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEMINI TOWN CENTER 15, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M06000006539

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:

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) 433-7018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

