

M09000004143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

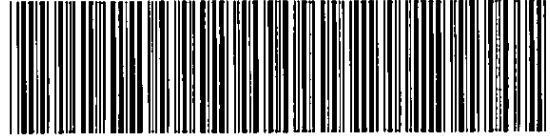
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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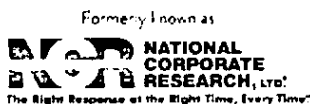
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COGENCYGLOBAL



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: 6/11/18

Account#: 120000000088

Name: KEN HOWELL

Reference #: G042952

Entity Name: GILBRALTAR REMEMBRANCE SERVICES, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

ISSUES - CALL KEN @
518-213-0738

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other ** RESIGNATION OF REGISTERED AGENT **

Authorized Amount: \$85.00

Signature: [Signature]

① CORPORATE HQ
COGENCY GLOBAL INC
10 E 40TH ST, 10TH FL
NY, NY 10016
800.221.0102
+1.212.947.7200

② EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY 1461072
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

③ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gibraltar Remembrance Services, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M09000004143

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:

Alexandra Chughtai-Harvey

Name of Person

SCI Funeral Services, LLC

Name of Firm/Company

1929 Allen Parkway

Address

Houston, TX 77019

City/State and Zip Code

Alexandra.Chughtai-Harvey@Sci-us.com

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

For further information concerning this matter, please call:

Alexandra Chughtai-Harvey

Name of Person

at (713)

Area Code

525-2822

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Michael R. Uselton hereby resigns as
Name of Registered Agent

Registered Agent for Gibraltar Remembrance Services, LLC

Name of Limited Liability Company

M09000004143

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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