

M10000000902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

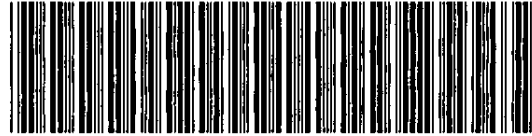
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 26 2013

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SECRETARY OF STATE
ALLAHBACH, HENRI
MAR 25 2013

2013 MAR 25 PM 1:43

FILED



March 14, 2013

**RE: COCONUT CREEK DEVELOPMENT LLC
GEN CAP PARTNERS, LLC
HEALTH CLINICS OF FLORIDA L.L.C.
METALWERKS, LLC**

**(FL. DOM.)
(GA. DOM.)
(FL. DOM.)
(DE. DOM.)**

**Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$100.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Theresa Alfieri

**Theresa Alfieri
Senior Supervisor &
Assistant Secretary
(212)894-8516**

**TA/hm
Enclosure**

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DEPT OF STATE
DIVISION OF CORPORATIONS

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

NRAI SERVICES, INC., hereby resigns as
(Name of Registered Agent)

Registered Agent for GEN CAP PARTNERS, LLC (GA. DOM.)

(Name of Limited Liability Company)

M10000000902

(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:

NRAI SERVICES, INC. - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT 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

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STATE
TALLAHASSEE, FL 32314