

# MI1000003288

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

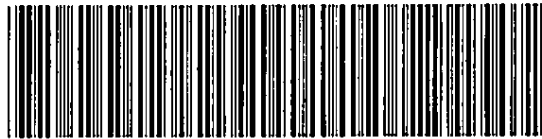
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



300410165663

FILED  
2023 JUN 20 AM 11:59  
TALLAHASSEE, FLORIDA  
STATE

RECEIVED  
2023 JUN 20 AM 11:27  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2023

CSC

SUBJECT: GRANDTAG MADISON REALTY, LLC  
Ref. Number: M11000003288

**RESUBMIT**  
Please give original  
submission date as file date

We have received your document for GRANDTAG MADISON REALTY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the LLC in the Statement of Resignation does not match the document number.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 123A00014036



2023 JUN 22 PM 2:20

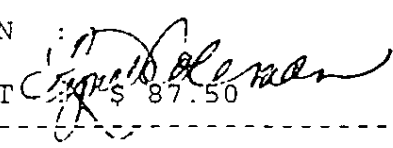
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 815723 8323810

AUTHORIZATION :

COST LIMIT \$ 87.50



ORDER DATE : June 14, 2023

ORDER TIME : 9:15 AM

ORDER NO. : 815723-015

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: GT MADISON REALTY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Elyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_



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

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

CORPORATION SERVICE COMPANY

hereby resigns as

Name of Registered Agent

Registered Agent for Grandtag Madison Realty, LLC

Name of Limited Liability Company

M11000003288

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.

*Eyliena Baker*  
Assistant Vice President

Signature of Resigning Agent

If signing on behalf of an entity:

BY EYLIENA BAKER

Typed or Printed Name

VICE PRESIDENT

Capacity

FILED  
2025 JUN 20 AM 11:59  
TALLAHASSEE, FL  
FLORIDA DEPARTMENT OF STATE

**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