

11/30000007046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000300708820

000300708820  
05/27/17--01021--003 \*\*85.00

FILED  
2017 JUN 27 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JUN 29 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GARRISON DAYTONA PROPCO LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M13000007046

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

Name of Person

at ( 518 ) 433-7018

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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 **GARRISON DAYTONA PROPCO LLC**

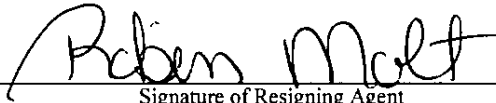
Name of Limited Liability Company

**M13000007046**

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:

**ROBIN MOLT**

Typed or Printed Name

**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**

**FILED**  
**2011 JUN 27 PM 2:04**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**