

M14000007930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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K. SALY

JUN -6 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GARRISON CORAL SPRINGS HOTEL PROPCO LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M14000007930

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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**

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for

**GARRISON CORAL SPRINGS HOTEL PROPCO LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**M14000007930**

\_\_\_\_\_  
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**  
**2017 JUN -5 PM 4:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**