

M1700000 4282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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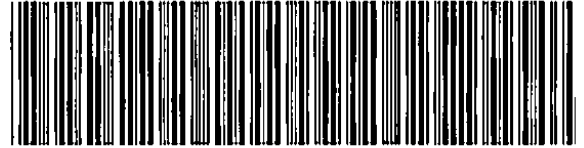
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

19 OCT - 1 AM 6:18

OCT 18 2019

S. YOUNG

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELCM GP ORLANDO LEASING LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M17000004282

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit for filing.

Please return all correspondence concerning this matter to the following:

**RESIGATION DEPARTMENT**

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:

**RESIGNATION DEPARTMENT**

Name of Person

at (800) 833-9848

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

, hereby resigns as

Registered Agent for **ELCM GP ORLANDO LEASING LLC**

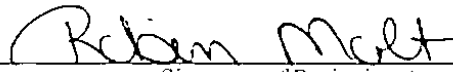
\_\_\_\_\_  
Name of Limited Liability Company

**M17000004282**

\_\_\_\_\_  
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 fi



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**BY ROBIN MOLT**

\_\_\_\_\_  
Typed or Printed Name

**ASST SECRETARY**

\_\_\_\_\_  
Capacity

FILED  
19 OCT -1 AM 6:18  
TALLAHASSEE, FLORIDA

## **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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**