(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(51) 53332 2 1516 1)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
red Copies Certificates of Status			
cial Instructions to Filing Officer:			
- TAIL			
J. HORNE			
FEB 2 2 2023			

Office Use Only

100402809421

2023 FEB 16 AH 9: 13



February 17, 2023

CSC

RESUBMIT Please give original submission date as file date.

Letter Number: 323A00003911

SUBJECT: GILO VENTURES LLC Ref. Number: L17000163396

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE NAME OF THE BUSINESS IS INCORRECT, PLEASE CORRECT THE ENTITY NAME ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 422122 8323810 AUTHORIZATION : COST LIMIT ORDER DATE: January 31, 2023 ORDER TIME : 10:53 AM ORDER NO. : 422122-140 CUSTOMER NO: 8323810 RA RESIGNATION NAME: ECO-SITE II, LLC XX RESIGNATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX \_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker-EXT#

EXAMINER'S INITIALS:

#### **COVER LETTER**

Name of Limite	Liability Company	
DOCUMENT NUMBER: M19000001617		
The enclosed Resignation of Registered Agent for filing.	a Limited Liability Con	npany and fee are submitte
Please return all correspondence concerning this n	atter to the following:	
RESIGNATIONS DEPARTMENT		
Name of Person	<del></del>	
CORPORATION SERVICE COMPANY		
Name of Firm/Company		
251 LITTLE FALLS DRIVE		
Address	<u> </u>	
WILMINGTON, DE 19808		
City/State and Zip Code	<del>-</del>	
ANNUALREPORTS@CSCGLOBAL.COM		
E-mail address: (to be used for future annual report no	fication)	
For further information concerning this matter, ple	ase call:	
	0 927-9801	
Name of Person at (	rea Code Daytime Tele	phone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

## **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

	FOR A LIMITED LIABILIT	Y COMPANY	~,
Pursuant to the provis CORPORATION SER Registered Agent for	Name of Registered Agent	ndersigned, , hereby resigns as	2023 FEB 16 AH 9  SECRETARY OF STA
Registered Agent for	Name of Limited Liability Company		
M19000001617			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liabi	lity company at its last knowr	address.
The agency is termina	Explained on the 31st day a Superior Signature of Resigning Age		atement is filed.
If signing on behalf o	f an entity:		
	BY EYLIENA BAKER		
	Typed or Printed Name VICE PRESIDENT		
	Canacity		

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