

M21 000001602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

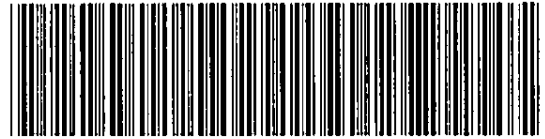
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR 19 AM 10:03
SECRETARY OF STATE
FALLAHASSEE, FL

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2024 MAR 18 AM 11:25
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

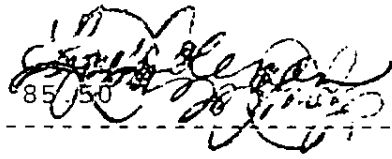
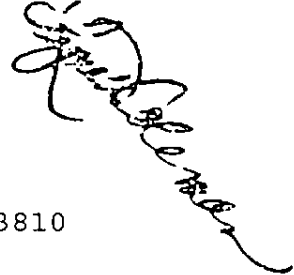
RECEIVED

B. HUNT

03/18/24

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

ACCOUNT NO. : I20000000195
REFERENCE : 351535 8323810
AUTHORIZATION :
COST LIMIT : \$ 85,500



ORDER DATE : March 4, 2024
ORDER TIME : 4:20 PM
ORDER NO. : 351535-195
CUSTOMER NO: 8323810

ANNUAL REPORT FILING

NAME: CGI WEALTH MANAGEMENT FUND I,
GP LLC

STATE OF FLORIDA
TALLHASSEE, FL
MARCH 13 AM 10:03
32

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CGI Wealth Management Fund I, GP LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M21000001602

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:

RESIGNATIONS DEPARTMENT
Name of Person

CORPORATION SERVICE COMPANY
Name of Firm/Company

251 LITTLE FALLS DRIVE
Address

WILMINGTON, DE 19808
City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RESIGNATION DEPT at (800) 927-9801
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL
2016 MAR 2 10 AM 10:03

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 CGI Wealth Management Fund I, GP LLC

Name of Limited Liability Company

M21000001602

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.

Shauna Godbolt

Signature of Resigning Agent

If signing on behalf of an entity:

BY SHAUNA GODBOLT

Typed or Printed Name

VICE PRESIDENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

2016 APR 19 AM 10:03
TALLHASSEE, FL

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314