

M21 00000 8553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

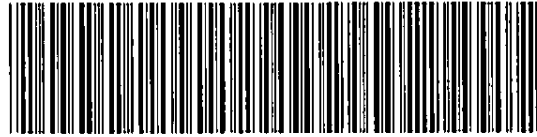
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

A. 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 : *[Signature]*
~~\$85.50~~

ORDER DATE : March 4, 2024
ORDER TIME : 4:06 PM
ORDER NO. : 351535-265
CUSTOMER NO: 8323810

2024 MAR 18 AM 10:14
STATE OF FLORIDA
TALLHASSEE, FL
JD

ANNUAL REPORT FILING

NAME: CGI 640 OCEAN MANAGEMENT GP,
LLC

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 640 Ocean Management GP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M21000008553

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
NOVEMBER 18 AM 10:14

**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 640 Ocean Management GP, LLC

Name of Limited Liability Company

M21000008553

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

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

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DIVISION OF STATE
TALLHASSEE, FL