M2200008141

(R	equestor's Name)	-		
(A	ddress)			
——————————————————————————————————————	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ M	IAIL		
(B	usiness Entity Name)			
(D	ocument Number)			
Certified Copies	Certificates of Status _			
Special Instructions to Filing Officer:				
	J. HORNE			
	AUG 3 U 2024			

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COVER LETTER

GA Managemen	t Properties, LLC		
SUBJECT:	Name of Lim	ited Liability	Company
DOCUMENT NUMBER:_	V433000000143	<u>-</u>	
The enclosed Resignation of for filing.	Registered Agent f	or a Limited	d Liability Company and fee are submit
Please return all corresponde	nce concerning this	matter to th	he following:
G. Joseph Harrison, Esq.			
Name o	of Person		-
Dye Harrison, et al			
Name of Fi	rm/Company		-
1206 Manatee Ave. W.			
Ad	dress		-
Bradenton, FL 34205			
City/State a	and Zip Code		-
jharrison@dyeharrison.com			
E-mail address: (to be used for	or future annual report	notification)	-
For further information conc	erning this matter, p	please call:	
G. Joseph Harrison	at	941	746-1167
Name of Perso	n	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the un	ndersigned,	
G. Joseph Harrison		, hereby resigns as	13
	Name of Registered Agent		The state of the s
Registered Agent for _	GA Management Properties, LLC		
	Name of Limited Liability Company		
M22000008147			
Document N	Number, if known		
A copy of this resignat	ion was mailed to the above listed limited liabil	lity company at its last kno	wn address.
The agency is terminat	ed and the office discontinued on the 31st day a	after the date on which this	statement is filed.
	Signature of Resigning Age	ent	
If signing on behalf of	an entity:		
	G. Joseph Harri Typed or Printed Name Registered Agen Capacity	son	

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

COVER LETTER

Registration Section Division of Corporations GA Management Properties, LLC SUBJECT: Name of Limited Liability Company M22000008147 DOCUMENT NUMBER: 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: G. Joseph Harrison, Esq. Name of Person Dye Harrison, et al Name of Firm/Company 1206 Manatee Ave. W. Address Bradenton, FL 34205 City/State and Zip Code jharrison@dyeharrison.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: G. Joseph Harrison Area Code Daytime Telephone Number Name of Person

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

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TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Stat	lutes, the undersigned,	
G. Joseph Harrison		, hereby resigns as	10 x
	Name of Registered Agent	, notoly toligits do	May King
Registered Agent for	GA Management Properties, LLC		JOHN CHARLES
	Name of Limited Liability Co	ompany	7,0% S
M22000008147			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed li	mited liability company at its last kn	own address.
The agency is termina	ted and the office discontinued on the	e 31st day after the date on which th	is statement is filed.
	Signature of R	esigning Agent	
If signing on behalf of	f an entity:		
	G. Joseph + Typed or Printed ! Registered Capacity	tarrison Name Agent	

FILING FEES:
\$ 85.00 Active limited liability company
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Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314