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Florida Department of State
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949

Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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MECENED MAY 22 MII: 35 WINDERS WATER

REGISTERED AGENT RESIGNATION G SOUTH BEACH CORP.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$87.50

S. TALLENT MAY 23 2017

R/A-Resign

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TO:

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: G SOUTH E	BEACH CORF	P	
DOCUMENT NUMBER: P120	(Name of Corpora 000021999	ation)	
The enclosed Resignation of Regi	stered Agent for a Corpo	ration and fee are submitted	for filing.
Please return all correspondence of	concerning this matter to	the following:	
Kate Seidita			
(Name of Pe	rson)		
NATIONAL REGISTER	ED AGENTS, INC		
(Name of Firm/	Company)	-	
111 8th Avenue, 1	3th Floor		•
(Address	3)		
New York, NY 100)11		
(City/State and 2	Zip Code)		
For further information concerning	g this matter, please call:		
Kate Seidita	et (212	894-8526	
(Name of Person)	(Area Cod	le & Daytime Telephone Numb	er)
Enclosed is a check made payable or \$35.00 for an administratively	to the Florida Departme dissolved, voluntarily dis	ent of State for \$87.50 for an assolved or withdrawn corpora	active corpora

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	509,
Florida Statutes, the undersigned, NRAI SERVICES, INC.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for G SOUTH BEACH CORP.	
(Name of Corporation)	
P12000021999	
(Document Number, if known)	•
A copy of this resignation was mailed to the above listed corporation at its last known	n address.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	ı which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
NRAI SERVICES, INCKate Seidita	2 N
(Typed or Printed Name)	
ASSISTANT SECRETARY	<u>.</u>
(Capacity)	
•	· > 0)

Fee for filing this document: \$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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