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er, please call: at () Area Code & Daytime Telephone Number)
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this matter to the following:
nt for a Corporation and fee are submitted for filing.
ame of Corporation)
ame of Corporation)
1

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0503(2), 617.0502(2), 607.1509. or 61	7.1509,
Florida Statutes, the undersigned,	Jane C. Rankin, Esq.	
Tionida satatest tile andersigned.	(Name of Registered Agent)	
hereby resigns as Registered Agent	for Gami Properties Florida, Inc.	
netery resigns as Registered Agent	(Name of Corporation)	
P95000083265		
(Document Number, if known)		
A copy of this resignation was mail	ed to the above listed corporation at its last kr	nown address.
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after the dat	e on which
	(Signature of Resigning Agent)	-
If signing on behalf of an entity:	\mathcal{U}	
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	(Typed or Printed Name)	2020 FEB
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	(Capacity)	AH 9:

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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