L12000140894

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

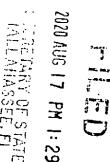
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Ja 10/19/20
Ja 10/02/20

COVER LETTER

TO: Registration Section Division of Corporations

THE GOLD COAST INVESTMENTS, LLC				
SUBJECT:				
Name 1,12000140894	of Limited Liabili	ty Company		
DOCUMENT NUMBER:				
The enclosed Resignation of Registered A for filing.	Agent for a Limit	ed Liability Company and fee are submitted		
Please return all correspondence concern	ing this matter to	the following:		
ALEXANDER S. ORLOFSKY				
Name of Person		<u> </u>		
THE ORLOFSKY LAW FIRM, P.L.				
		_		
Name of Firm/Company	<i>'</i>			
767 ARTHUR GODFREY ROAD				
Address		<u> </u>		
Miami Beach, FL 33140				
City/State and Zip Code	•	_ _		
Chystale and 21p code	•			
	1			
E-mail address: (to be used for future annua	ai report nouncation	J		
For further information concerning this n	natter, please cal	l:		
ALEXANDER'S ORLOFSKY	305	538-2344		
Name of Person	at () de Daytime Telephone Number		
rame of reison	Area Coo	ac Daytime rereptione trumber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi WE MANAGERS, LLC	ons of section 605.0115, Florida Statutes, tl	_		
	· · -· - ·	, hereby resigns as		
	Name of Registered Agent			
	THE GOLD COAST INVESTMENTS, LLC			
Registered Agent for _				
	Name of Limited Liability Company	-1		
1.12000140894				
Document ?	Sumber, if known			
A Calcia	ion mag mailed to the above listed limited I	ichility annually at its last busyana	ddmaaa	
A copy of this resignar	ion was mailed to the above listed limited l	tability company at its last known a	adress.	
The agency is terminat	ed and the office discontinued on the 31st of	day after the date on which this state	ment is file	d.
	Quelloie.			
	Signature of Resigning	2 Agent		
		5.1	2	
If signing on behalf of	an entity:		020	
	WE MANAGERS, LLC		2020 AUG 17	į
	Typed or Printed Name		ري سيستر م	
	MANAGER	***	_	•
	Capacity		3 [7]	
	Capacity	Flo		
		世界	-: 30	
		100	30	

FILING FEES: \$ 85.00

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

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