

L12000140894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

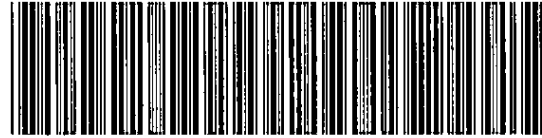
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SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 17 PM 1:29

FILED

JQ 10/19/20
JQ 10/20/20

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
WE MANAGERS, LLC

_____, hereby resigns as
Name of Registered Agent
THE GOLD COAST INVESTMENTS, LLC
Registered Agent for _____

Name of Limited Liability Company

112000140894

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.



Signature of Resigning Agent

If signing on behalf of an entity:

WE MANAGERS, LLC

Typed or Printed Name
MANAGER

Capacity

FILED
2020 AUG 17 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL

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withdrawn limited liability company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