L23000090516

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
605.0209(5)

Office Use Only



700400889017

FILED ... 2023 MAR 10 PM 12: 33

COVER LETTER

Registration Section Division of Corporations FOLKMARKET GEMS MINERALS LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000090516 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: Name of Person LEGAL EDGE SERVICES INC Name of Firm/Company 701 BRICKELL AVENUE, SUITE 1550 Address MIAMI, FLORIDA 33131 City/State and Zip Code eespinoza@legaledgeservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Evelyn Espinoza

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	5, Florida Statutes, the unc	dersigned,			
LEGAL EDGE SERVI	CES INC		, hereby resigns as			
	Name of Registered Age					
Registered Agent for	FOLKMARKET GEMS	MINERALS LLC				
	Name of Lin	nited Liability Company	<u>.</u>		·	
L230000 9 0516						
Document	Number, if known					
		above listed limited liability on tinued on the 31st day at a same library of the significance of Resigning Agency	fter the date on which			filed
If signing on behalf of an entity:				Σ= cσ	20	
	Evelyn Espinoza			27.28 E. C.	2023 MAR	
	Director	Typed or Printed Name			AR 10	<u> </u>
	FILING \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily diss bility company	olved/) PM I2: 30	ED.

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

INHS17 (2/14)

P.S. - Document was not mailed as we do not know nor have contact with this entity. Also, the incorrect name was listed for our company.

Please note that this is the second time this individual uses our company information without our consent.