## 10400054756

	!
(	Requestor's Name)
(i	Address)
	Address)
(	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(	Business Entity Name)
(	Document Number)
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J. LEGGETT APR 0 3 2018

## **COVER LETTER**

TO:	Regis Divis	tration Section ion of Corporations
SUBJ	ECT:	GOLDEN GROUP REALTY, LLC
	•	Name of Limited Liability Company L04000054756 T NUMBER:
The er for fili		Resignation of Registered Agent for a Limited Liability Company and fee are submitted
Please	return	all correspondence concerning this matter to the following:
	****	Name of Person
GOL	DEN d	ROUP REALTY, LLC
		Name of Firm/Company
		Address
		City/State and Zip Code
E-	-mail ade	cress: (to be used for future annual report notification)
For fu	rther in	formation concerning this matter, please call:
	<u>.</u>	Name of Person Area Code Daytime Telephone Number
liabilit	sed is a y comp y comp	check made payable to the Florida Department of State for \$85.00 for an active limited rany or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite rany.
		DDRESS: STREET ADDRESS:
_		Section Registration Section Division of Corporations
	on 632	<b>1</b> '
		FL 32314 2661 Executive Center Circle
		Tallahassee, FL 32301

INHS17 (2/14)

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

YEVGENY MOROZ	ZOV . hereb	y resigns as
	Name of Registered Agent	
G egistered Agent for	OLDEN GROUP REALTY, LLC	
	Name of Limited Liability Company	
.04000054756		
Decument Nu	mber, if known	
copy of this resignation	on was mailed to the above listed limited liability compa	ny at its last known address.
	on was mailed to the above listed limited liability comparts and the office discontinued on the 31st day after the day.	
	d and the office discontinued on the 31st day after the da	nte on which this statement is f
ne agency is terminated	and the office discontinued on the 31st day after the day	nte on which this statement is f
he agency is terminated	and the office discontinued on the 31st day after the day	te on which this statement is f
	and the office discontinued on the 31st day after the day	ite on which this statement is f

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