

LO7000006997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

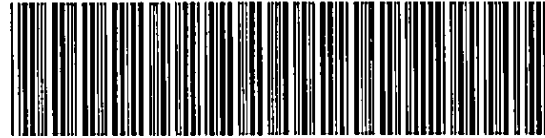
(Document Number)

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*Wrong form*

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*RA  
Resignation*

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PATRICK J. GOGGINS, Esq.  
319 Tyler Street, #1  
Hollywood, FL 33019  
pgoggins@gmail.com  
(305) 607-7888

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September 15, 2018

Amendment Section  
Division of  
Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**SUBJECT:** BEERSHEBA HOLDINGS LLC

**DOCUMENT NUMBER:** L07000006997

Dear Sir or Madam:

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Enclosed is a check made payable to the Florida Department of State for \$35.00 for filing of the resignation of registered agent.

Please return all correspondence concerning this matter at the above address. For further information concerning this matter, please feel free to call me at (305) 607-7888.

Best regards,



Patrick J. Goggins

16 OCT 15 PM 4:51

CR2E046 (04/12)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEERSHEBA HOLDINGS LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000006997

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:

Patrick J. Goggins, Esq.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

319 Tyler Street, #1

\_\_\_\_\_  
Address

Hollywood, FL 33019

\_\_\_\_\_  
City/State and Zip Code

pgoggins@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick J. Goggins

\_\_\_\_\_  
Name of Person

at ( 305 )

\_\_\_\_\_  
Area Code

607-7888

\_\_\_\_\_  
Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED

OCT 15 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2018

PATRICK J. GOGGINS, ESQ.  
319 TYLER STREET, #1  
HOLLYWOOD, FL 33019

SUBJECT: BEERSHEBA HOLDINGS LLC  
Ref. Number: L07000006997

We have received your document for BEERSHEBA HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 718A00019670

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Patrick J. Goggins, Esq.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for BEERSHEBA HOLDINGS LLC

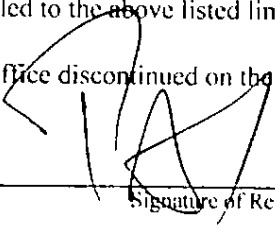
\_\_\_\_\_  
Name of Limited Liability Company

L07000006997

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### **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**