L09000073711

(Re	equestor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Ві	usiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
		,			

Office Use Only



900274071069

06/30/15--01026--026 **25.09

15 JUN 30 PM I: II

J. HARRIS

COVER LETTER

SUBJECT: GOLDCASHDOW, COM 115					
SUBJECT: GOLDCASHNOW, COM LLC Name of Limited Liability Company					
DOCUMENT NUMBER: LOGOOO73761					
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:					
WALTER H. MESSICK					
Name of Person					
GALVAN MESSICK, LLP					
Name of Firm/Company					
1900 LORPORATE BLVD. STE 101 WEST					
BOCA RATON, FL 3343 (City/State and Zip Code					
MESSICKW@ BELLSONTH. NET					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (561) 995-8868 Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.					

STREET ADDRESS:

Tallahassee, FL 32301

Clifton Building

Registration Section
Division of Corporations

2661 Executive Center Circle

INHS17 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

4

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision:	s of section 605.011	5, Florida Statutes, the	undersigned,			
WALTER 14.	MESSICIC, O Name of Registered Agen		, hereby resigns a	18		
Registered Agent for	GOL DCAS	14 NOW. CO	M, LLC			
	Name of Lim	nited Liability Company	<u> </u>			
Logo o o Document Num						
A copy of this resignation	n was mailed to the a	above listed limited lia	bility company at its la	st known a	ddress.	
The agency is terminated	and the office disco	ontinued on the 31st da	y after the date on whi	ch this state	ement is	s filed
	hatta	Signature of Resigning A	Agent			
If signing on behalf of an	entity:	gg-	-0			
	WAL	TER 4, MES	SICK_		<u>ن</u> اک	
	T <i>PRE</i>	TER 4, MES Typed or Printed Name TSI DEM		***	15 JUN 30	<u>γ</u>
		Capacity			0 PI	m (m)
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabi Administratively di withdrawn limited	ility company issolved/ voluntarily d liability company	SEE, FLORIDA (issolved/	=	

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