

K12000105759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

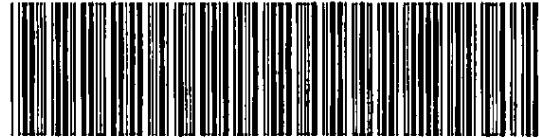
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 19 2022

Office Use Only



700384923217

04/04/22--01001--0001 **25.00

FILED
2022 APR -4 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

RESIGNATION OF MEMBER

SUBJECT: NEW LIBERTY CONCEPT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000105759

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:

GOWKARRAN SINGH

Name of Person

NEW LIBERTY CONCEPT LLC

Name of Firm/Company

13645 GYNSHEL DR

Address

WINTER GARDEN FL 34787

City/State and Zip Code

DAVESINGHFL@YAHOO.COM

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

For further information concerning this matter, please call:

DAVE SINGH

Name of Person

at (407)

Area Code

415-9071

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

GOWKARAN SINGH

Name of Registered Agent

hereby resigns as

Registered Agent for NEW LIBERTY CONCEPT LLC

Name of Limited Liability Company

L12000105759

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.

Gowkaran Singh

Signature of Resigning Agent

If signing on behalf of an entity:

GOWKARAN SINGH

Typed or Printed Name

PRINCIPAL / PRESIDENT (TENANT BY ENTIRETY)

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

FILED
2022 APR -4 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA