

L13000 173 273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 18 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GO SUCCEED CONSULTANTS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000173273

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:

gabriel de la vega

Name of Person

GO SUCCEED CONSULTANTS LLC

Name of Firm/Company

532 maple ave

Address

ewing nj 08618

City/State and Zip Code

gabedelavega@gmail.com

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

For further information concerning this matter, please call:

gabe de la vega

at 609 433-3248

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL -2 AM 6:49

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

GABRIEL DE LA VEGA

, hereby resigns as

Name of Registered Agent

Registered Agent for GO SUCCEED CONSULTANTS LLC

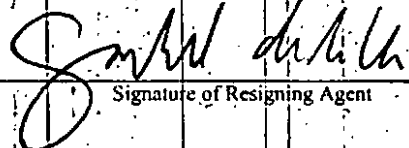
Name of Limited Liability Company

L13000173273

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

INHS17 (2/14)

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