

L14000160559

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TALLAHASSEE, FLORIDA

DEC 28 2015

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOLDBERGS AUTO GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 44000160559

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:

Michael V. Goldberg  
Name of Person  
Goldbergs Auto Group LLC  
Name of Firm/Company  
9206 US Hwy 19  
Address  
Port Richey FL 34668  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Goldberg at (727) 614-6840  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

William Tsompanidis

Name of Registered Agent

, hereby resigns as

Registered Agent for

Goldbergs Auto Group LLC

Name of Limited Liability Company

214000160559

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.

William Tsompanidis reg agent.

Signature of Resigning Agent

If signing on behalf of an entity:

WILLIAM TSOMPANIDIS

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED  
DEC 23 PM 12:01  
TALLAHASSEE, FLORIDA

**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withdrawn limited liability company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