

L14000195711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

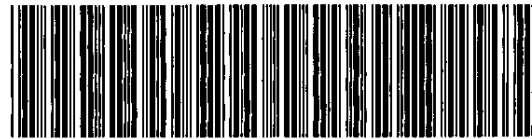
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2017 MAY -8 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAY 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Goldfive LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000195711

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:

David L. Welch
Name of Person

Goldfive LLC
Name of Firm/Company

3029 Paradise Path
Address

Sebring, FL 33870
City/State and Zip Code

auagcash@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L. Welch at ()
Name of Person Area Code Daytime Telephone Number

RECEIVED
2017 MAY -8 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

KS

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

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

Aerolan offices LLC

Name of Registered Agent

Registered Agent for

Goldfire LLC

Name of Limited Liability Company

C14000195711

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.

AMJ

Signature of Resigning Agent

If signing on behalf of an entity:

Mohammad Ahmed Faruqi

Typed or Printed Name

Member of Aerolan offices LLC

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withdrawn limited liability company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
2011 MAY - 8 PM 3:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2017

AEROLAW OFFICES PLLC
MOHAMMAD AHMED FARUQUI
101 NE THIRD AVE, STE. 1500
FORT LAUDERDALE, FL 33301

SUBJECT: GOLDFIRE LLC
Ref. Number: L14000195711

We have received your document for GOLDFIRE 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 LLC. 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 317A00007913