

U500212907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

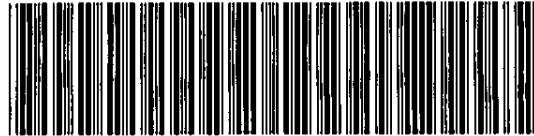
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900292134119

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV 14 PM 4:00

11/14/16--01034--017 **110.00

NOV 21 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Go Go Francis, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000212907

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:

Marita Jay

Name of Person

Weinkle Peles & Associates

Name of Firm/Company

945 Pennsylvania Avenue, 1st Floor

Address

Miami Beach, Florida 33139

City/State and Zip Code

marita@weinklepeles.com

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

For further information concerning this matter, please call:

Marita Jay

Name of Person

at (305) 249-8000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV 14 PM 4:00

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Ian G. Bacheikov

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Go Go Francis, LLC

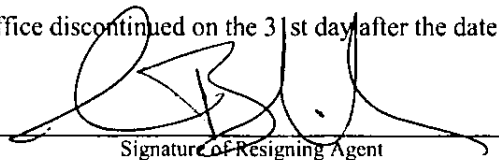
Name of Limited Liability Company

L15000212907

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV 16 PM 4:00

FILING FEES:

~~\$ 85.00~~

\$ 25.00

Active limited liability company

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