

L17 000137992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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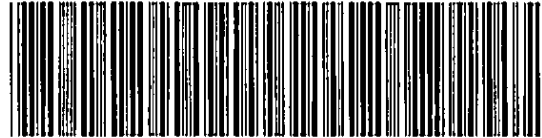
(Business Entity Name)

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2021 FEB -5 PM 6:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

3/26/21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLIP MASTERS INVESTMENT GROUP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000137992

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 D. McGrath, Esq  
Name of Person

McGrath Gibson LLC  
Name of Firm/Company

6117 Atlantic Blvd  
Address

Jacksonville  
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 McGrath at ( 904 ) 358-3300  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

2021 FEB -5 PH 6:27

SECRETARY OF STATE  
TALLAHASSEE, FL

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

McGrath Gibson LLC, hereby resigns as  
Name of Registered Agent

Registered Agent for Flip Masters Investment Group, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L17000137992

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:

Michael D. McGrath, Esq.  
Typed or Printed Name

Managing Partner  
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