

L17000226763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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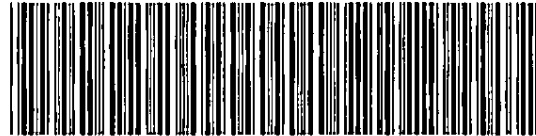
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gold Coin Stores LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000226763

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:

Randall C Smith  
Name of Person

Smith Brown PL  
Name of Firm/Company

PO Box 2022  
Address

Apopka, Florida 32704  
City/State and Zip Code

rubysalhotra91@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall C Smith                      407                      599-0002  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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

Randall Smith \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Gold Coin Stores LLC

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

L17000226763

\_\_\_\_\_  
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**

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RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA