1180000 72847

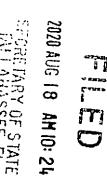
(Req	uestor's Name)		
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(City.	/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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JU 10/06/20

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ______ Gold Dealers Group LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000072847 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 101 North Brand Blvd. 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jazmine Johnson Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INH\$17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the unders	igned.
United States Co	rporation Agents, Inc.	hereby resigns as
	Name of Registered Agent	The state of the s
Registered Agent for	Gold Dealers Group LLC	
	Name of Limited Liability Company	
L18000072847		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last known address.
The agency is termina	ited and the office discontinued on the 31st day after t	the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf o	f an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, Inc.
	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