# L18000196486

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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AUTHORIZATION

COST LIMIT

ACCOUNT NO. : I2000000195

REFERENCE : 692162 8323810

CHANGE OF AGENT

NAME: GOALZ DAIRY FT PIERCE FL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

ORDER DATE: May 18, 2022

ORDER TIME : 8:38 AM

ORDER NO. : 692162-015

CUSTOMER NO: 8323810

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Unassigned

EXAMINER'S INITIALS:

### **COVER LETTER**

SUBJECT:  Name of Limited Liability	y Company
DOCUMENT NUMBER: L18000196486	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
RESIGNATIONS DEPARTMENT	
Name of Person	_
CORPORATION SERVICE COMPANY	
Name of Firm/Company	_
251 LITTLE FALLS DRIVE	
Address	_
WILMINGTON, DE 19808	
City/State and Zip Code	_
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call	:
RESIGNATION DEPT 800 at (	927-9801
Name of Person Area Coc	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

### 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

Signature of Resigning Agent  Signature of Resigning Agent  BY ALEXXIS WEILAND  Typed or Printed Name  VICE PRESIDENT	Pursuant to the provision	s of section 605.0115. Florida Statutes	. the undersigned,	
Name of Registered Agent  Registered Agent for GOALZ DAIRY FT PIERCE FL. LLC  Name of Limited Liability Company  L18000196486  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.  Characteristic and the office discontinued on the 31st day after the date on which this statement is filed.  Signature of Resigning Agent  BY ALEXNIS WEILAND  Typed or Printed Name  VICE PRESIDENT	CORPORATION SERVICE	CE COMPANY	hereby resions as	
Name of Limited Liability Company  L18000196486  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.  Charles Webbot, assistent ve proclant  Signature of Resigning Agent  BY ALEXXIS WEILAND  Typed or Printed Name  VICE PRESIDENT		- •	thereby resigns as	
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.  **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**  By ALEXXIS WEILAND  Typed or Printed Name  VICE PRESIDENT	Registered Agent for	DALZ DAIRY FT PIERCE FL, LLC		
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.  **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**  Signature of Resigning Agent**  BY ALEXXIS WEILAND  Typed or Printed Name  VICE PRESIDENT		Name of Limited Liability Compar	ny	·
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.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignation was mailed to the above listed limited liability company at its last known address.  **Copy of this resignat	L18000196486			
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.    Compared With Constitution   Consti	Document Nur	mber, if known		
If signing on behalf of an entity:  BY ALEXXIS WEILAND  Typed or Printed Name  VICE PRESIDENT	A copy of this resignatio	n was mailed to the above listed limited	d liability company at its last kno	own address.
Signature of Resigning Agent  If signing on behalf of an entity:  BY ALEXXIS WEILAND  Typed or Printed Name  VICE PRESIDENT  Signature of Resigning Agent  DO  O  O  O  O  O  O  O  O  O  O  O  O	The agency is terminated	and the office discontinued on the 31s	st day after the date on which this	s statement is filed.
Signature of Resigning Agent  If signing on behalf of an entity:  BY ALEXXIS WEILAND  Typed or Printed Name  VICE PRESIDENT  Signature of Resigning Agent  DO  O  O  O  O  O  O  O  O  O  O  O  O		allegus Weiterd, assistant va	president	2 HAY
If signing on behalf of an entity:  BY ALEXXIS WEILAND  Typed or Printed Name  VICE PRESIDENT  On the property of the printed Name  On the property of the printed Name  On the printed Name  On the printed Name  On the printed Name		Signature of Resign	ing Agent	
VIGET RESIDENT	If signing on behalf of an	entity:		
VIGET RESIDENT		BY ALEXXIS WEILAND		
VIGET RESIDENT		Typed or Printed Name		0
		VICE PRESIDENT		171 01
Capacity		Capacity		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company