W8000 217872

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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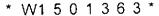
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2020 SEP 28 AH IO: 31

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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

AE:

Email:

Ref Number:

Phone 888-272-3725 Fax 800-603-5868

Cori Ann Crosthwaite

ccrosthwaite@myparacorp.co

REFERENCE # MUST BE ON INVOICE TO BE PAID

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Date:

September 21, 2020

Vendor# H1080

TO: Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

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NAME:

GOA HEAD LLC

REGISTERED AGENT RESIGNATION FILING

State

FL

SPECIAL INSTRUCTIONS:

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Please return via: Regular Mail

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CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

5, Florida Statutes, the undersigned,
LC, hereby resigns as
nt
nited Liability Company
ontinued on the 31st day after the date on which this statement is filed. Signature of Resigning Agent
yped or Printed Name 2020 SEP 28 Yped or Printed Name
Rocket Lawyer Corporate Servi Capacity AND

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company