

L19000012140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

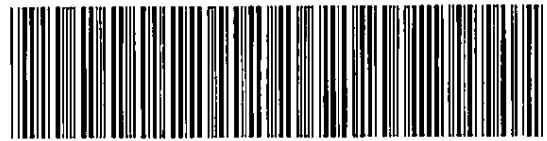
(Business Entity Name)

(Document Number)

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MILWAUKEE, WI

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOYTA, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000012140

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:

SEMENAWIT BELLETE  
Name of Person

Name of Firm/Company

841 LAKE CATHERINE DRIVE  
Address

MAITLAND, FL 32751  
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

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

DELOACH, P.L.

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for GOYTA, LLC

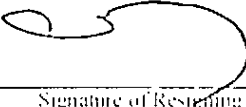
\_\_\_\_\_  
Name of Limited Liability Company

119000012140

\_\_\_\_\_  
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:

CARLA DELOACH

\_\_\_\_\_  
Typed or Printed Name

Manager

\_\_\_\_\_  
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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2023 MAR 29 AM 11:43  
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TALLAHASSEE, FL