

L19 0000 13019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

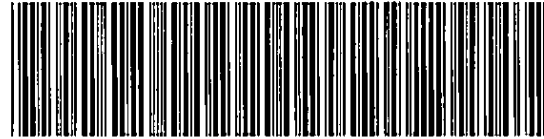
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/19/20--01002--027 **\$5.00

MAR 31 2020
S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
AND AMASSEE FI 3001

2020 MAR 16 AM 8:12

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of Registered Agent
Name of Limited Liability Company

DOCUMENT NUMBER: LV Goal Touch

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:

Lee Vardi

Name of Person

Name of Firm/Company

17031 Boca Club Blvd. 82A

Address

Boca Raton, FL 33487

leevardy6@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee Vardi at (561) 313-0910

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Tali Welder _____, hereby resigns as

Name of Registered Agent

Registered Agent for LV Goal Touch LLC

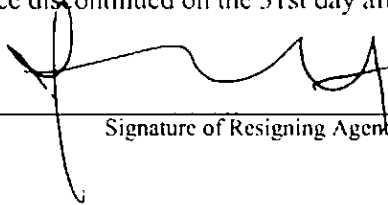
Name of Limited Liability Company

L19000013019

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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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314