

L19000182229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

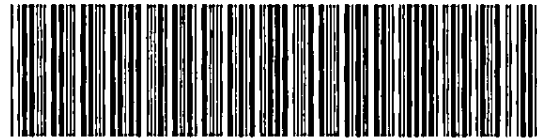
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/23/20--01019--028 **85.00

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2020 NOV 23 PM 6:23

JAN 11 2021
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

General Global Human Capital Management

SUBJECT: _____
Name of Limited Liability Company
L19000182229

DOCUMENT NUMBER: _____

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:

Andrew Buck

Name of Person
General Global Human Capital Management

Name of Firm/Company
2539 Greenhaven Ave. #308

Address
WESLEY CHAPEL, FL 33543

City/State and Zip Code
andrewbuck@generaltechpartners.com

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

For further information concerning this matter, please call:

Andrew Buck 914 525-3960

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Anna V Casino

, hereby resigns as

Name of Registered Agent

GENERAL GLOBAL HUMAN CAPITAL MANAGEMENT

Registered Agent for

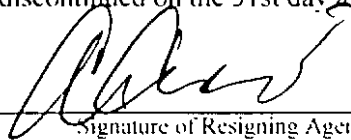
Name of Limited Liability Company

1.19000182229

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:

Andrew Buck

Typed or Printed Name

OWNER/MANAGER

Capacity

2028 NOV 23 PM 6:23

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