

L19000217339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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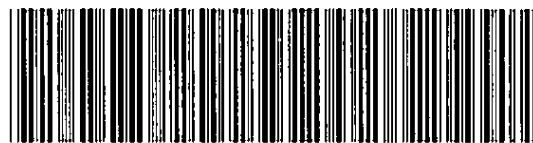
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLSTICE REAL ESTATE, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L19000217339

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:

MYHANH LOUDEN
Name of Person

GOLSTICE REAL ESTATE, LLC.
Name of Firm/Company

500 S Federal Hwy #1641
Address

Hallandale, FL 33008
City/State and Zip Code

HANH LOUDEN@gmail.com

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

For further information concerning this matter, please call:

Myhanh Louden
Name of Person

at (954) 554 0821
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

MYHANH LOUDEN

Name of Registered Agent

, hereby resigns as

Registered Agent for

SOLSTICE REAL ESTATE, LLC.

Name of Limited Liability Company

L19000217339

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:

MYHANH LOUDEN

Typed or Printed Name

Registered Agent

Capacity

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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