120 CCC 263769

(Requestor's Name)		
(Address)		
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(Address X		
(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Pusisasa Falis Nama)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Q. SILAS		
1011V 12 2021		
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COVER LETTER

SUBJECT: GODDESS GOLDEN RACKS, LLC Name of Limited Liability	
	Company
DOCUMENT NUMBER: L20000263765	
The enclosed Resignation of Registered Agent for a Limited for filing.	Hiability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.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	773-0888
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations

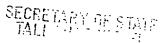
TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY^{021 NOV -2} PHI2: 53



Pursuant to the provisions of section 605.0115, Florida Statutes, the und	ersigned,
United States Corporation Agents, Inc.	_ , hereby resigns as
Name of Registered Agent	_ , hereby resigns as
Registered Agent for GODDESS GOLD FOR LLC	
Name of Limited Liability Company	
L20000263765	
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	er the date on which this statement is filed.
Signature of Resigning Agent	
If signing on behalf of an entity:	
Cheyenne Moseley	
Lyped or Printed Name	
Assl Secretary for United States Corporation Ag	gents, Inc.
Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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