

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Division of Corporations
Fax Number : (850)617-6383

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Account Name : MYLLC.COM, INC.
Account Number : I20130000077
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Compliance@gmail.com

LLC REGISTERED AGENT RESIGNATION

JULIAN LEVINSTEIN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUL 15 2024
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Julian Levinstein, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000374944

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:

Courtini Goff

Name of Person

Myllic.com

Name of Firm/Company

1910 Thomas Ave

Address

Chcylene Wy 82001

City/State and Zip Code

compliance@myllic.com

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

For further information concerning this matter, please call:

Courtini Goff

at

888

886-9552

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INCorp SERVICES, INC.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Julian Levinstein, LLC

Name of Limited Liability Company

L20000374944

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.

Courtnei Goff
Signature of Resigning Agent

If signing on behalf of an entity:

Courtnei Goff

Typed or Printed Name

Authorized Signer

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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