

L2000374944
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000237280 3))



H240002372803ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2024 JUL 12 PM 1:37

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : MYLLC.COM, INC.
Account Number : I20130000077
Phone : (888)886-9552
Fax Number : (888)776-9552

12 AM 1:15

FILED

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:

Courtnei Goff
Name of Person

Myllic.com
Name of Firm/Company

1910 Thomas Ave
Address

Chyenne 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

If signing on behalf of an entity:

Courtnei Goff _____
Typed or Printed Name
Authorized Signer _____
Capacity

FILED
JUL 12 AM 11:16
10000374944

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