

L21000107042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

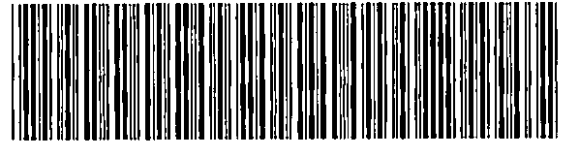
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SECRETARY OF STATE
OF CORPORATION
2023 MAY 10 PM 12:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOODWILL PROPERTY MANAGEMENT, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000107042

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:

Jia Fei

Name of Person

Wise Tax and Financial Services PLLC

Name of Firm/Company

7208 W Sand Lake Rd. Ste 305

Address

Orlando FL 32819

City/State and Zip Code

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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

WISE TAX AND FINANCIAL SERVICES PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for GOODWILL PROPERTY MANAGEMENT, LLC

Name of Limited Liability Company

L21000107042

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.

f. fei

Signature of Resigning Agent

If signing on behalf of an entity:

Jia Fei

Typed or Printed Name

Member

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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DIVISION OF CORPORATIONS
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