

21000398924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

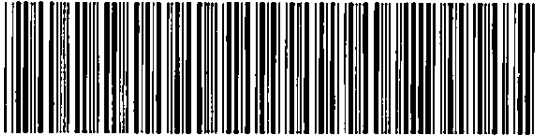
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2024 APR -1 AM 9:25
SECURITY DIVISION
TAMPA, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heavens Basilica LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 12100098924

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:

Stuart Garlock

Name of Person

Express Corporate Services LLC

Name of Firm/Company

1032 E Brandon Blvd

Address

Brandon, FL 33511

City/State and Zip Code

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

For further information concerning this matter, please call:

Stuart Garlock

302

202-2929

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Virtual Post Solutions INC

hereby resigns as

Name of Registered Agent

Registered Agent for Heavens Basilica LLC

Name of Limited Liability Company

1.21000398924

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:

Stuart Garlock

Typed or Printed Name

Authorized Signatory

Capacity

FILED
2024 APR -1 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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