L21000426380

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations	
Greeley Good Times LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000426380	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Cory Betts	
Name of Person	
ZenBusiness Inc.	
Name of Firm/Company	
336 E. College Ave. Suite 301	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cory Betts 844 at (493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Florida Stat	utes, the undersigned.	By A
ZenBusiness Inc.		, hereby resigns as	16 K
	Name of Registered Agent	(nereo) reagns an	, A. 1866
Registered Agent for	Greeley Good Times LLC		7
	Name of Limited Liability Co	ompany	
L21000426380			
Document	Number, if known		
	tion was mailed to the above listed line ted and the office discontinued on the	e 31st day after the date on which t	
If signing on behalf of	-	esigning Agent	
- -	ZenBusiness Inc. by Khadijeh Hemi	nati	
	Typed or Printed (Name	
	Secretary		
	Canacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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