

L220000080412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 NOV 14 AM 8:34
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

TRUST THE ONE ABOVE LLC

SUBJECT: _____
Name of Limited Liability Company

1.22000080412

DOCUMENT NUMBER: _____

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:

Gavriel Grossman

Name of Person

Name of Firm/Company

4101 North 48th Avenue

Address

Hollywood FL 33021

City/State and Zip Code

rabbimg@gmail.com

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

For further information concerning this matter, please call:

Gavriel Grossman

347

721-7538

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2022 NOV 14 AM 8:35
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Gavriel Grossman

, hereby resigns as

Name of Registered Agent

Trust The One Above LLC

Registered Agent for

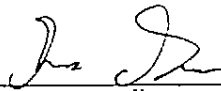
Name of Limited Liability Company

1.22000080412

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:

Typed or Printed Name

Capacity

FILED
2022 NOV 14 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FL

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