L22000 158 427

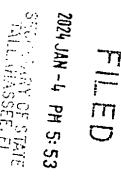
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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01/04/24--01017--005 **85.00



COVER LETTER

SUBJECT: I Got You Gol LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L22000158427</u>
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:
Audrey M. Cramer Name of Person
F Got You Grl Name of Firm/Company
8643 Springtree Rd Address
Jacksonville, FL 32210 City/State and Zip Code
igot yough snopping @gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jamie H. Bernard at (904) 597-1688 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 provision	s of section 605.0115, Florid	a Statutes, the und	lersigned,			
Audrey	Audrey M Cramer Name of Registered Agent			, hereby resigns as		
	Name of Registered Agent					
Registered Agent for	I got you g	rl LLC	<u></u>			
	Name of Limited Liab	lity Company		• •		
L 22000158						
A copy of this resignation	n was mailed to the above lis	ted limited liability	y company at its	last known ad	dress.	
The agency is terminated	and the office discontinued	on the 31st day aft	ter the date on w	hich this staten	nent is filed.	
	aulry W. Signatu	•				
If signing on behalf of an	entity:			JAN -		
	Typed or P	rinted Name		2024 JAN -4 PM 5: 53 SECHALIARY OF STATE TALLARASSEE, FL	<u>Ш</u>	
	Сарис	ity		5: 53 TATE		

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