

L230000064565

(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:

Office Use Only



300448418873

04/11/25--01007--030 **25.00

2025 JUN 02 11:06

JUN 02

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDEN MACHINES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000064565

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:

CLAUDIA GARCIA

Name of Person

PIEDRA & PIEDRA CO

Name of Firm/Company

8950 SW 74 CT STE 1606

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

CLAUDIA@PIEDRACPA.COM

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

For further information concerning this matter, please call:

CLAUDIA GARCIA

Name of Person

at (305)

Area Code

671-0003

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

PIEDRA REGISTERED AGENTS LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for

GOLDEN MACHINES, LLC

Name of Limited Liability Company

L23000064565

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:

Aurelio Piedra on behalf of Piedra Registered Agents LLC

Typed or Printed Name

REGISTERED AGENT

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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