# 13 000 65648

(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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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
GOLDS HOLDING LLC SUBJECT:	
Name of Limited Liability Company	<del></del>
DOCUMENT NUMBER: L23000065668	
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	d fee are submitted
Please return all correspondence concerning this matter to the following:	
BRITTNEY FULGHUM	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 GREENWAY PLAZA STE 1320	5-3
Address	
HOUSTON, TX 77046	•
City/State and Zip Code	• •
jasonb3194@gmail.com	:
E-mail address: (to be used for future annual report notification)	` 
For further information concerning this matter, please call:	
BRITTNEY FULGHUM  Name of Person  at (  Name Telephone Nu  Area Code  Davtime Telephone Nu	
Name of Person Area Code Daytime Telephone Nu	mber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi	sions of section 605.0115. Florida Statu	ites, the undersigned.
LEGALCORP SOLU	HONS, LLC	, hereby resigns as
-	Name of Registered Agent	
Registered Agent for	GOLDS HOLDING LLC	
	Name of Limited Liability Con	mpany
L23000065668		
Documen	t Number, if known	
		aited liability company at its last known address.  31st day after the date on which this statement is
	Signature of Re	signing Agent
If signing on behalf of	of an entity:	
	TRAVIS CRABTREE	· -
	Typed or Printed N	fame
	MEMBER	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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