

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

LLC REGISTERED AGENT RESIGNATION GOD KREATES FLIGHT LLC

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T. LEMEUX

OCT 21 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOD KREATES FLIGHT LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000475000

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:

Lovette Dobson

Name of Person

Infile.com LLC

Name of Firm/Company

17350 State Hwy 249 Ste 220

Address

Houston, TX 77064

City/State and Zip Code

EFILE1234@INFILE.COM

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

For further information concerning this matter, please call:

Lovette Dobson

at (888) 462-3453

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

REPUBLIC REGISTERED AGENT LLC, hereby resigns as

Name of Registered Agent

Registered Agent for GOD KREATES FLIGHT LLC

Name of Limited Liability Company

L23000475000

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:

Lovette Dobson

Typed or Printed Name

Director of Operations

Capacity

FILED
 2024 OCT 18 AM 9:23
 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

INHS17 (2/14)

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