

P010000043064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

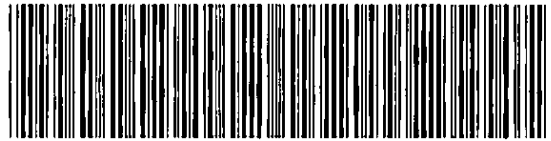
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800419434758

11/27/23--01039--017 **87.50

2023 NOV 27 PM 7:22

of 12/18/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Golden Sands General Contractors Inc
(Name of Corporation)

DOCUMENT NUMBER: P01000043064

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ken Fedele
(Name of Person)

Golden Sands General Contractors Inc
(Name of Firm/Company)

800 South Douglas Road Suite 901
(Address)

Coral Gables, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Fedele at (305) 6333336 ext 3013
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CORPORATE CREATIONS NETWORK, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for Golden Sands General Contractors, INC.

(Name of Corporation)

P01000043064

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

Jim Perkins

(Typed or Printed Name)

EVP

(Capacity)

2020.07.27 11:17:22

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**