P15000033331

(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



500276342165

resignation 80 RA

08/31/15--01022--029 **87.50



SEP 03 2015 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Goulds Lounge, TNC (Name of Corporation)
DOCUMENT NUMBER: P150000 23231
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:
ANNA Ball (Name of Person)
Gould's Lounge, Inc (Name of Firm/Company)
12002 SW 220 ST (Address)
Mani, 1 33/70 (City/State and Zip Code)
For further information concerning this matter, please call:
Anna Ball at (786) 439-7897 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FILED FOR A CORPORATION 2015 AUG 31 PM 2: 56

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6 PA 505LORIDA Florida Statutes, the undersigned
Florida Statutes, the undersigned, LARS SWED MAN (Name of Registered Agent)
hereby resigns as Registered Agent for Gould's Lounge TNC (Name of Corporation)
P150000 2 3 2 3 1 (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:
(Typed or Printed Name)
(Capacity)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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