

PI7000028554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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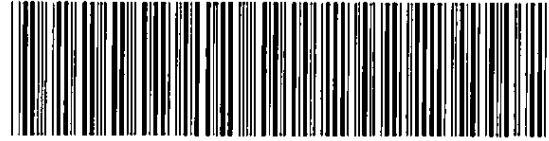
(Business Entity Name)

(Document Number)

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Office Use Only



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Resignation of  
RA

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2023 OCT 13 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

OCT 16 2023

**CORPORATE  
ACCESS,  
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**RESIGNATION OF RA**

**1. THE GOLF TRAVEL GROUP, INC.**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE GOLF TRAVEL GROUP, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P17000028554

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:

Mark Lammert

(Name of Person)

(Name of Firm/Company)

242 RANGELINE ROAD

(Address)

LONGWOOD, FL 32750

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Lammert

at ( 407 ) 260-1011

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2023 OCT 13 AM 11: 26

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Mark Lammert

(Name of Registered Agent)

hereby resigns as Registered Agent for THE GOLF TRAVEL GROUP, INC.

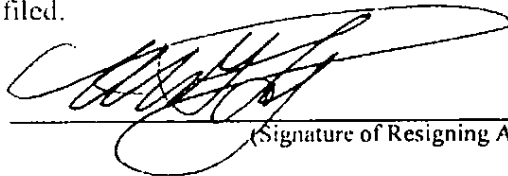
(Name of Corporation)

P17000028554

(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**