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(Requestor's Name)				
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SECRETARY OF STATE

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COVER LETTER

Division of Corporations		·
Golden Movers, LLC SUBJECT:		
	of Limited Liability Compa	any)
The enclosed member, resignation or	dissociation and fee(s)	are submitted for filing.
Please return all correspondence conc	erning this matter to:	
Joshua W. Finklea, President		
(Contact Person)		
Golden Movers, LLC		
(Firm/Company)		
5604 N. 50th St.		
(Address)		
Tampa, FL 33610		
(City/State and Zip Code	e)	
For further information concerning the	is matter, please call:	
Joshua W. Finklea	813 at ()	393-7077
(Name of Contact Person)		: Daytime Telephone Number)
Enclosed please find a check made pa ☐ \$25 Filing Fee		partment of State for: Fee & Certified Copy
Mailing Address:		treet Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		415 N. Monroe Street, Suite 810



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		as it appears on the records of the Florida Department
		assigned to this limited liability company is:
		esigned or will withdraw/resign is: September 1, 2020. , hereby withdraw/resign as a
Member, Manage	er, and Vice President (Print Title)	•
resignation in wr	iting.	the limited liability company has been notified of my
Signature of D	L Cust issociating Member or Res	igning Manager
	\$25.00 (Required) \$30.00 (Optional)	