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SECRETARY OF STATE
AND ASSEE FI OR IN

J. BRYAN

MAY - \$ 2011

EXAMINER

COVER LETTER

-	ration Section on of Corporations					
SUBJECT: _	Golcilandia, LLC				_	
	(Name of Lin	nited Liability Co	mpany)			
The enclosed n filing.	member, managing member or	r manager resi _l	gnation and fee(s) are su	ıbmitte	d for	
Please return a	II correspondence concerning	this matter to:				
	Monica Uribe					
	(Contact Person)		_			
	Golcilandia, LLC					
	(Firm/Company)		_	1 <u>V</u> 1	ੜ	
4	5-06 Queens Blvd, Su	ite #295		CRE	MAY -4	7
	(Address)			TAR'N ASSI	1	
Su	unnyside, NY 11104			E, F	2	TILE L
	(City/State and Zip Code)		-	HOL ALS	 	
For further info	ormation concerning this matt	er, please call:		SOF TE	<u>ن</u>	
Monica (Jribe	at (917	, 499 - 2107			
(Nam	ne of Contact Person)	(Area Code	& Daytime Telephone Nu	umber)	•	
Enclosed please	e find a check made payable t \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy			
	URIER ADDRESS:		MAILING ADDRESS	S:		
Registration Se			Registration Section			
Division of Cor Clifton Buildin			Division of Corporation P.O. Box 6327	ns		
2661 Executive	•		Tallahassee, Florida 32	214		
Fallahassee, Flo			rangingsoce, Piorida 52	'71 4		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as Golcilandia, LLC	s it appears on the records of	of the Florida Department
	bility company was organized Florida	d under the laws of:	
	cument/registration number o	f this limited liability comp	pany is:
4. I,Mil	ka Del Rio	, hereby resign as a _	MGRM (Print Title)
•	ability company and affirm th	ne limited liability company	· · ·
W	dd		
Signature of Res	igaing Member, Managing N	Member or Manager	Ā.o.
•	\$25.00 (Required) \$30.00 (Optional)		11 MAY SECRETALAHA

CR2E079 (5/06)