L21000433686

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

SUBJECT: GO-TEL INDUSTRIES, LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submittee Please return all correspondence concerning this matter to: Jerome O McLean Sr (Contact Person) GO-TEL INDUSTRIES, LLC (Firm/Company)	
(Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submittee Please return all correspondence concerning this matter to: Jerome () McLean Sr (Contact Person) GO-TEL INDUSTRIES, LLC	
Please return all correspondence concerning this matter to: Jerome O McLean Sr (Contact Person) GO-TEL INDUSTRIES, LLC	
Jerome () McLean Sr (Contact Person) GO-TEL INDUSTRIES, LLC	ed for filing.
(Contact Person) GO-TEL INDUSTRIES, LLC	
GO-TEL INDUSTRIES, LLC	
(Firm/Company)	205
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11194 ROYAL ROAD	2025 JAN 24 REPART KHASS
(Address)	no p
PUNTA GORDA, FL 33955	S 5
(City/State and Zip Code)	36 810
For further information concerning this matter, please call:	
Jerome O McLean Sr 754 368-7942 at (
(Name of Contact Person) (Area Code & Daytime Te	elephone Number)
Enclosed please find a check made payable to the Florida Department of ☐ \$25 Filing Fee	
Mailing Address: Street Address	
Registration Section Registration	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Corporations	corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is:
2. The Florida document/registration number assigned to this limited liability company is:
L21000433686
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2024
4. I, Annette M Williams (Print Name of Person Resigning), hereby withdraw/resign as a
(Print Name of Person Resigning)
MGR .
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
AW. Llians
Signature of Dissociating Member or Resigning Manager
200 - 200 -

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)