

LO6000060603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

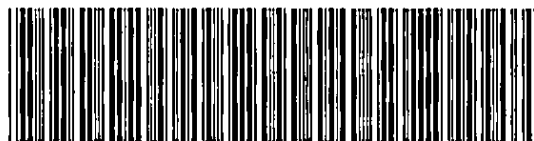
(Business Entity Name)

(Document Number)

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10/17/18--01058--022 **55.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOTHICA DESIGN BUILD LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Pablo Consuegra

(Contact Person)

GOTHICA DESIGN BUILD LLC

(Firm/Company)

6056 GARRETT STREET

(Address)

JUPITER, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Pablo Consuegra

(Name of Contact Person)

at (954) 687-4887

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 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)

10 OCT 1 11:11 PM '18

1. The **name** of the limited liability company as it appears on the records of the Florida Department of State is: GOTHICA DESIGN BUILD LLC

2. The Florida document/registration number assigned to this limited liability company is:
L06000060603

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/30/2018

4. I, Tatiana Londono, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

T Londono

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)