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(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
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2013 APR 15 PH 4: 28
SECRETARY OF STATE
FALL AHACCEF FLABRA

APR 16 2013 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GOGP LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are stilling.	ubmitted for
Please return all correspondence concerning this matter to:	
Sane Haskins (Contact Person)	
GOGP UC (Firm/Company)	F. 2
3451 El Prado Avenue	2018 APR 15 SECRETARY
Spring Hu, Fl 34609 (City/State and Zip Code)	5 PH 4: 28 RY OF STATE SSEE FLORIDA
For further information concerning this matter, please call:	28
Jane Haskins at (813) 508-8888 (Area Code & Daytime Telephone N	Number)
Enclosed please find a check made payable to the Florida Department of State for \$25 Filing Fee \$\infty\$ \$55 Filing Fee &	:

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	GOGP LLC.	ppears on the records of the	
2. This limited li	ability company was organized un		
	cument/registration number of thi	-	y is:
4. I, <u>Jane</u> 1	126KINS Name of Person Resigning)	, hereby resign as a <u>Ma</u>	naging Member (Frint Title)
of this limited l resignation in v	ability company and affirm the lir	nited liability company ha	as been notified of my
San Il	skino		
Filing Fee:	signing Member, Managing Mem \$25.00 (Required)	ber of ivianager	2018 APR 15 SECRETAR) ALLAHASSI

Certified Copy:

\$30.00 (Optional)