L11000021726

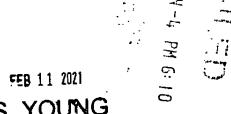
(Requestor's Name)			
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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GOLDMG LLC	
(Name	of Limited Liability Company)
The enclosed member, resignation or o	dissociation and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
VICTOR GOLDSTEIN	
(Contact Person)	
GOLDMG LLC	
(Firm/Company)	
5218 MAJORCA CLUB DR	
(Address)	
BOCA RATON, FL 33486	
(City/State and Zip Code	:)
For further information concerning this	is matter, please call:
VICTOR GOLDSTEIN	561 596-1674 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pa	yable to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
\ Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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 of State is:	limited liability company as it a	appears on the records of	-
L11000021726	ument/registration number assig	·	
MODELLACC	mber/manager withdrew/resign ARCIA iame of Person Resigning)		
of this limited lia	(Print Title) pility company and affirm the li	mited liability compan	y has been notified of my
resignation in wr	ssociating Member or Resignin	g Manager	2021 JAN -1,
_	\$25.00 (Required) \$30.00 (Optional)		