## L13000125250

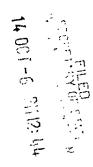
(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·	
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
		j	

Office Use Only



500262290835

10/06/14--01045--017 \*\*25.00



Rashm 10,15,14

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: GOSHOW,LLC		
(Name of Limi	ted Liability C	Company)
The enclosed member, resignation or dissocia	ation and fee	e(s) are submitted for filing.
Please return all correspondence concerning to	his matter to	o:
DARREN GREEN		
(Contact Person)		<del></del>
GOSHOW,LLC		
(Firm/Company)		<del></del>
912 CHANNELSIDE DR#2402		
(Address)		<u> </u>
TAMPA, FL 33602		•
(City/State and Zip Code)		·····
For further information concerning this matte	r, please cal	l: 👾
DARREN GREEN	813	995-4248
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ng 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

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	e limited liability company as it	appears on the records of the Florida Department
of State is: GO	SHOW, LLC.	
2. The Florida doc	cument/registration number assi	gned to this limited liability company is:
L1300012525	50	
3. The date this m	ember/manager withdrew/resign	ned or will withdraw/resign is:
4. I. MARK GAR	VEY	herehy withdraw/resign as a
(Print	Name of Person Resigning)	, hereby withdraw/resign as a
MANAGING	MEMBER (MGRM)	
	(Print Title)	
of this limited lia resignation in w		imited liability company has been notified of my
Ula	ch Carrey	0)1/14
Signature of D	Dissociating Member or Resignia	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv:	\$30.00 (Ontional)	