

L13 000 134684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

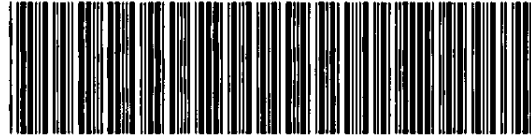
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
14 MAR 17 PM 12:45  
STATE  
TALLAHASSEE, FLORIDA

J. Stivers MAR 18 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Giliz Express Enterprise

(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:

Isidro Gil

(Contact Person)

(Firm/Company)

Cra 100 No.5-169 oficina 608c Unicentro

(Address)

Cali - Colombia

(City/State and Zip Code)

For further information concerning this matter, please call:

Isidro Gil

at ( 011572 ) 316-9740

(Name of Contact Person)

(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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GILIZ EXPRESS ENTERPRISE LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000134084

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/14

4. I, ISIDRO GIL GIL, 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.

Signature of Dissociating Member or Resigning Manager

RECEIVED  
14 APR 17 PM 12:46  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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