1 13000162826

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certificates of Status			
Special Instructions to Filing Officer:			





900416575539

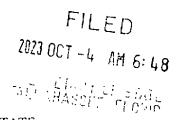
10/04/23--01014--008 ++55.00



COVER LETTER

Division of Corporations	
GT PALLETS LLC SUBJECT:	
	imited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
OLIVER E ARAUZ	
(Contact Person)	
(Firm/Company)	
7045 NW 26TH AVE	
(Address)	
MIAMI, FL 33147	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
MIRYANIS NAPOLES	305 298-9679 at (
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	•
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303





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)

	•	it appears on the records of the Florida Department
		ssigned to this limited liability company is:
BOLOBER LOS	10.D.T. 4	igned or will withdraw/resign is: 08/28/2023, hereby withdraw/resign as a
<i>\</i>	ame of Person Resigning) AANAGER (Print Title)	
resignation in wr	iting.	ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	rning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	