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(Re	equestor's Name)	
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(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER .

Division of Corporations
SUBJECT: Global Technology Integrators, LC (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:
Tonga Oxford (Contact Person)
Global Tachnology Integrators, UC
390 V. Orange Au St. 2300
Orlando, f. 32801 (City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
bna Oxford at (401, 401-8919)
(Name of Contact Person) (Area Code & Daytime Telephone Number)—

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

\$55 Filing Fee & Certified Copy

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

CR2E079 (2/14)

□ \$25 Filing Fee



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)

	limited liability company as it appears on the records of the Florida Department
of State is:	alobal Technology Totegrators, LC.
	ment/registration number assigned to this limited liability company is:
L15cm	a13549
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 1231 2016
	, hereby withdraw/resign as a ame of Person Resigning)
Managi	Prim Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Mari	a Cilaschi
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Common Copy.	φυσίου (Ορεισιμέ)