

# L16000097451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

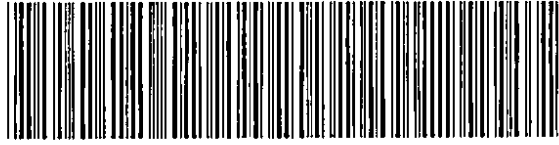
(Business Entity Name)

(Document Number)

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

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2020 MAR -9 11:35:52

2020 MAR -9 AM 9:20

FILED

J. SIMMONS  
MAR 10 2020

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 3/9/20**

**NAME: GOLD STREET RESERVES LLC**

**TYPE OF FILING: DISSOCIATION**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOLD STREET RESERVES, LLC  
(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:

CHRISTOPHER PAULICK  
(Contact Person)

GOLD STREET RESERVES, LLC  
(Firm/Company)

150 SE. 2ND AVE #300  
(Address)

MIAMI FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER PAULICK at (305) 632-3351  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
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)

2020 MAR 9 AM 9:20  
RECEIVED  
SECRETARY OF STATE

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: GOLD STREET RESERVES, LLC

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

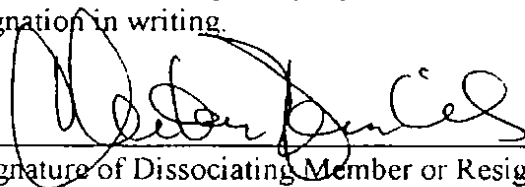
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3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/28/20

4. I, CHRISTOPHER PAULICK, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER  
(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

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