L16000114092

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

Office Use Only



400396926904

11.45.422--01019--015 ##25.30

2022 Not 15 PH 12: 24

FEB 11 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations GOBI VENTURES, LLC **SUBJECT:** (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: RICHARD A BOYKO, EA (Contact Person) WHITE DOVE BUSINEE & FINANCIAL SERVICES, LLC (Firm/Company) 11720 US 19, SUITE6 (Address) PORT RICHEY, FL 34668 (City/State and Zip Code) For further information concerning this matter, please call: RICHARD A BOYKO, EA (Name of Contact Pérson) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy S25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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)

	limited liability company as	s it appears on the records of the	Florida Depa	ırtmen
2. The Florida docu	ment/registration number as	ssigned to this limited liability co	ompany is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	11/04/2022	
MANAGING ME		, hereby withdraw/resign as	s a	
of this limited liab resignation in wri	pility company and affirm th	ne limited liability company has l	been notified	of my
	\$25.00 (Required) \$30.00 (Optional)			2022 NOV 15 PH 12: