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COVER LETTER

(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: Randall C Smith (Contact Person) Smith Brown PL (Firm/Company) PO Box 2022 (Address) Apopka, Florida 32704 (City/State and Zip Code) For further information concerning this matter, please call:	TO: Registration Section	72
SUBJECT: Gold Coin Stores 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: Randall C Smith (Contact Person) Smith Brown PL (Firm/Company) PO Box 2022 (Address) Apopka, Florida 32704 (City/State and Zip Code) For further information concerning this matter, please call: Randall Smith (Name of Contact Person) (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$2.55 Filing Fee (Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	Division of Corporations	La Carlo
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(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\frac{\text{S25}}{\text{Filing Fee}} \text{\$\frac{\text{S55}}{\text{Filing Fee}} \text{\$\text{Street Address:}}{\text{Registration Section}} \text{Registration Section} \text{Division of Corporations} \text{Division of Corporations} \text{Division of Corporations} \text{The Centre of Tallahassee}	(City/State and Zip Code)	
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Enclosed please find a check made payable to the Florida Department of State for: \$\frac{2}{3}\$\$ \$25 Filing Fee \$\frac{1}{3}\$\$ \$55 Filing Fee & Certified Copy \$\frac{2}{3}\$\$ \$10 Filing Fee & Certified Copy \$\frac{2}{3}\$	Randall Smith	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Street Address: Registration Section Division of Corporations The Centre of Tallahassee	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	Enclosed please find a check made payable to the	
Registration Section Division of Corporations P.O. Box 6327 Registration Section Division of Corporations The Centre of Tallahassee	∠2-\$25 Filing Fee ∟	\$55 Filing Fee & Certified Copy
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	Mailing Address:	Street Address:
P.O. Box 6327 The Centre of Tallahassee		_
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32303	Tallahassee, FL 32314	•

CR2E079 (2/14)



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
2. The Florida docu	iment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
Gurdaan Salbotra	
Manager	
	(Print Title)
of this limited lial resignation in wr	pility company and affirm the limited liability company has been notified of my iting.
Signature of Di	Sulhota ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)