L17000 256935

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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JAN 1 6 2019 S. YOUNG

COVER LETTER .

~	on Section of Corporations		
SUBJECT:	GO 2 DISTRIN		
	(Name of	Limited Liability Company)	
The enclosed men	mber, resignation or dis	sociation and fee(s) are submitted for filing.	
Please return all	correspondence concern	ing this matter to:	
	JULIO PONCE		
	(Contact Person)		
	GO 2 DISTRIBUTION LL	<u>c</u>	
	(Firm/Company)		
	66 W FLAGLER STREET 915		
	(Address)		
	MIAMI, FLORIDA 331	78 TELOTON TO THE TEL	
	(City/State and Zip Code)	7.	
For further inform	nation concerning this n	natter, please call:	
JULIO I	ONCE	at (<u>7 8 6) - 7 7 6 - 1 2 1</u> 1	
(Name	of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please f □ \$25 Filing Fee		ble to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy	
STREET/COUR	HER ADDRESS:	MAILING ADDRESS:	
STREET/COURIER ADDRESS: Registration Section		Registration Section	
-	Division of Corporations Division of Corporations Division of Corporations		
Clifton Building			
2661 Executive C	Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

1. The name of the	limited liability company as	s it appears on the records of the	he Florida Department
of State is:	GO 2 DISTRIBUTION I	LLC	
2. The Florida docu	ument/registration number as	ssigned to this limited liability	y company is:
L170002569	235		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is: <u>12/15/2018</u>
4. 1, GAB (Print N	RIELA I TORRES Tame of Person Resigning)	, hereby withdraw/resign	n as a
AMBR	(Print Title)		
of this limited lia resignation in wr		ne limited liability company ha	as been notified of my
	MM.		
Signature of Di	ssociating Member or Resig	ning Manager	2 S
_	\$25.00 (Required) \$30.00 (Optional)		AN II PH 5: 4