

L17000 256 935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

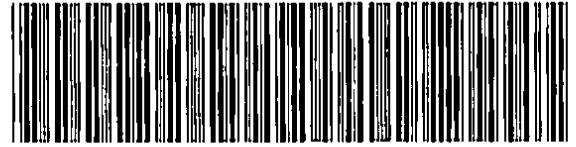
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILING CANCELLED  
DUE TO RETURNED CHECK

06/10/13--01013--025 \*\*25.00

APPROVED  
AND  
FILED

2019 JUN 10 AM 8:10

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JUL 01 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**FILING CANCELLED  
DUE TO RETURNED CHECK**

**SUBJECT:** GO 2 DISTRIBUTION 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:

JULIO PONCE

\_\_\_\_\_  
(Contact Person)

GO 2 DISTRIBUTION LLC

\_\_\_\_\_  
(Firm/Company)

9590 NW 40TH ST RD

\_\_\_\_\_  
(Address)

DORAL, FLORIDA 33178

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO PONCE

786

858-0158

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

APPROVED  
AND  
FILED  
2019 JUN 10 AM 8:10  
CLERK OF COURT  
JULIO PONCE

FILING CANCELLED  
DUE TO RETURNED CHECK



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 it appears on the records of the Florida Department  
GO 2 DISTRIBUTION LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L17000256935  
\_\_\_\_\_

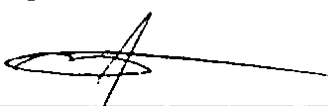
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Dec 03 2018  
Mario Amador

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

AMBR

\_\_\_\_\_  
(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)

2019 JUN 10 AM 8:10  
FILED  
AHJ