(Re	equestor's Name)	<del></del>		
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## **COVER LETTER**

	itration Section ion of Corporations		
SUBJECT:	G5 CONNECTED		
ocbone i.	(Name of Limi	ted Liability Co	mpany)
The enclosed	member, resignation or dissocia	tion and fee(	s) are submitted for filing.
Please return	all correspondence concerning t	his matter to:	
JUAN PABI	LO GUACHO		
	(Contact Person)		_
G5 CONNE	CTED		
<del></del>	(Firm/Company)		<del>-</del>
10272 HAR	BOR INN CT		
	(Address)	<del></del> ,	_
CORAL SP	RINGS, FL 33071 .		
	(City/State and Zip Code)		<del>-</del>
For further in	formation concerning this matte	r, please call:	
JUAN PABI	LO GUACHO	954 at (	2609451
(Na	ame of Contact Person)		e & Daytime Telephone Number)
Enclosed ples \$25 Filing	ase find a check made payable to Fee		Department of State for: g Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration 5			Registration Section
Division of C Clifton Build			Division of Corporations
	ve Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
	Florida 32301		rananassee, rionga 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)

G5	limited liability company as it CONNECTED	appears on the records of the Florida Depa	rtment
2. The Florida doc L1800011724	<del>-</del>	gned to this limited liability company is:	2- A0H 81 Fabrusiak
NAMIR ELA	OUAR	10/25/201	8 · · · · · · · · · · · · · · · · · · ·
(Print ) MANAGER	iame of Person Resigning)  (Print Title)		PRATIONS 1: 42
resignation in wi	bility company and affirm the li	imited liability company has been notified	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	is ingrissi	