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## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJ	GoTo Solutions LLC		
	(Name of I.	imited Liability Cor	mpany)
The er	nclosed member, resignation or disso	ciation and fee(:	s) are submitted for filing.
Please	ereturn all correspondence concernin	ig this matter to:	
Franc	cis W Landry		
	(Contact Person)		_
GoTo	Solutions LLC		
	(Firm/Company)	<del></del>	_
805 5	S Magnolia Ave Ste A		_
<del></del>	(Address)	<del>'</del>	_
Ocala	a, FL 34471		
	(City/State and Zip Code)		~~·
For fu	rther information concerning this ma	itter, please call:	
Franc	cis W Landry	352	361-0321
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable Filing Fee		Department of State for: 3 Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ration Section on of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
2661 b	Executive Center Circle passee. Florida 32301		Tallahassee, Florida 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)

1. The name of the	limited liability company as	it appears on the records of the F	lorida Departi	ment
	To Solutions LLC			
2. The Florida doc L1800016094	ument/registration number as	ssigned to this limited liability cor	NATURAL STATE OF THE STATE OF T	j. j
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	10/1/2019	
(Print N	'ame of Person Resigning)	hereby withdraw/resign as	AH 9: 52 OF STATE E. FLORIDA	
	(Print Title)			
of this limited lia resignation in wr		ie limited liability company has be	en notified of	fmy
Signature of D	ssociating Member or Resig	ning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			