119000 246 175

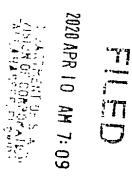
| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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APR 22 2020 S. YOUNG

COVER LETTER

| _ | sion of Corporations | | | | |
|----------------------|--|---|--|--|--|
| SUBJECT: | GOLD TABLE CONSULTING | LLC | | | |
| SOBOLCI. | (Name of Limited Liability Company) | | | | |
| The enclose | d member, resignation or dis | sociation and fee(| (s) are submitted for filing. | | |
| Please retur | n all correspondence concern | ing this matter to | : | | |
| ANDRE BRO | NWC | | | | |
| | (Contact Person) | ****** | | | |
| GOLD TABL | E CONSULTING LLC | | | | |
| | (Firm/Company) | | _ | | |
| 12300 NW 9 | тн ѕт | | | | |
| | (Address) | *************************************** | | | |
| PLANTATIO | N FL 33325 | | | | |
| | (City/State and Zip Code) | | _ | | |
| For further | information concerning this n | natter, please call | : | | |
| ANDRE BRO | OWN | 754 | 423-2632 | | |
| 1) | Name of Contact Person) | | e & Daytime Telephone Number) | | |
| Enclosed pl | ease find a check made payating Fee | | Department of State for: ng Fee & Certified Copy | | |
| Regi Divi P.O. | ing Address: istration Section sion of Corporations Box 6327 ahassee. FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |

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 a | as it appears on the records | of the Florida D | epartmer) |
|---|-----------------------------|-------------------------------|----------------------|--------------|
| of State is: | D TABLE CONSULTING LLC | | · · · | |
| 2. The Florida doc L19000246175 | ument/registration number a | assigned to this limited liab | ility company is | 5 : |
| 3. The date this me | :mber/manager withdrew/re | esigned or will withdraw/res | 10/30.20 sign is: | 19 |
| 4. I. CHRISTOPHER BROWN (Print Name of Person Resigning) , hereby withdraw/resign | | | | |
| (Print N | iame of Person Resigning) | | | |
| MANAGER | | | | |
| | (Print Title) | | | |
| of this limited lia resignation in wr | | the limited liability compan | y has been notif | fied of my |
| Child | 53 | | | |
| Signature of D | issociating Member or Resi | gning Manager | | |
| | | | •_ | 20: |
| Filing Fee: | \$25.00 (Required) | | # ** | 20 : |
| Certified Copy: | \$30.00 (Optional) | | <u></u> | - 7 " |

ALLABASSON COMPO

PROPRIOR AM 7: 01