L19 000288860

(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
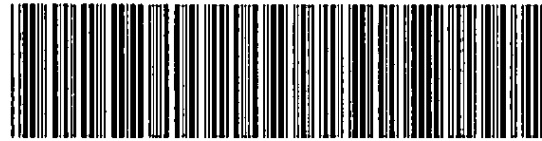
_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

|||||||| (barcode)

400361521774

03/09/21--01022--001   **25.00

R WHITE

MAY 1 7 2021

COVER LETTER

TO: Registration Section
      Division of Corporations

SUBJECT: GOSEE GLOBAL, 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:

JAMES KANE
_____
                  (Contact Person)

GOSEE GLOBAL, LLC
_____
                  (Firm/Company)

9924 UNIVERSAL BLVD, SUITE 224 #128
_____
                  (Address)

ORLANDO, FL 32819
_____
              (City/State and Zip Code)

For further information concerning this matter, please call:

JAMES KANE   407   914-7262
_____ 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

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   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 as it appears on the records of the Florida Department of State is: GOSEE GLOBAL, LLC _____.

2. The Florida document/registration number assigned to this limited liability company is:
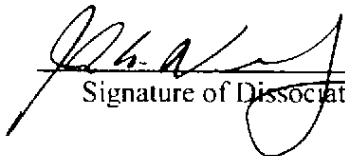
    L19000288860 _____.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/01/2021 _____

4. I, JOHN DUNWOODY _____, hereby withdraw/resign as a
    (Print Name of Person Resigning)

    MEMBER
    _____.
    (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)

CR2E079 (2/14)