

L20 000128009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

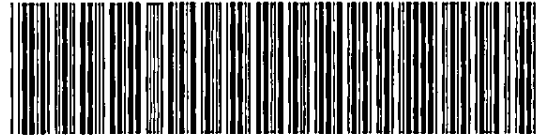
(Business Entity Name)

(Document Number)

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V. Smith
10/12/2009

COVER LETTER

TO: Registration Section
Division of Corporations

GO SHIPPING GROUP LLC

SUBJECT: _____
(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:

Jorgelina G. Marsaglia

(Contact Person)

GO SHIPPING GROUP LLC

(Firm/Company)

8217 NW 66th ST

(Address)

Miami FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Jorgelina G. Marsaglia

786

4879583

(Name of Contact Person) at (_____) _____
(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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS
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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
FLORIDA
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
1.20000128009

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/09/2020
MARIA AGUSTINA POLLIO

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

(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)

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STATE DEPT OF STATE
DIVISION OF CORPORATIONS