## 12000012930

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

Office Use Only



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08/05/22--01011--021 ++25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: gotta guy group llc		
	imited Liability Com	pany)
The enclosed member, resignation or disso	ciation and fee(s	are submitted for filing.
Please return all correspondence concernin	g this matter to:	
christian garguilo		
(Contact Person)		•
gotta guy group		
(Pinn/Company)		•
2077 coral ridge drive unit 207n		
(Address)	··········	
coral springs (1 33071		
(City/State and Zip Code)		•
For further information concerning this ma	itter, please call:	
christian garguilo	754 at (	2651989
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable		
■ \$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)



FILED 2022 AUG -5 AM 10: 37

SECHELARY OF STATE

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

L20000212830	ment/registration number	assigned to this limited liability company is:
		esigned or will withdraw/resign is:
monica palma		, hereby withdraw/resign as a
(Print No	me of Person Resigning)	, hereby withdraw/resign as a
manager		
	Print Title)	
resignation in Arri	ting	the limited liability company has been notified of my
Signature of Ive	sociating Member or Res	igning Manager
/	\$25.00 (Required)	
iling Fee:		

CR2E079 (2/14)