L20000331604

(Requestor's Name)	
(Address)	000355844400
(Address) (City/State/Zip/Phone #)	
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-	gistration Section vision of Corporations				
SUBJECT	GO AIR N SEA USA LLC				
30bone i		(Name of Limited Liability Company)			
The enclos	ed member, resignation or dis	ssociation and fee((s) are submitted for filing.		
Please retu	rn all correspondence concert	ning this matter to	:		
BOLI					
	(Contact Person)		_		
GO AIR N S	SEA USA LLC				
	(Firm/Company)				
637 LAKE I	DEXTER CIR				
	(Address)		_		
WINTER H	AVEN, FL 33884				
	(City/State and Zip Code)				
For further	information concerning this	matter, please call	:		
BOLI		330 at (274-1444		
((Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)		
Enclosed p ■ \$25 Fili	olease find a check made paya ing Fee		Department of State for: ng Fee & Certified Copy		
	iling Address:		Street Address:		
	gistration Section vision of Corporations		Registration Section Division of Corporations		
), Box 6327		The Centre of Tallahassee		
	llahassee, FL 32314		2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		



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)

GO 2	limited liability company as	s it appears on the records of the Florid	la Department
2. The Florida doc 1,20000331604	ument/registration number a	ssigned to this limited liability compan	ıy is:
FANCRING H	ANI	signed or will withdraw/resign is:, hereby withdraw/resign as a	5/2020
of this limited lia	(Print Title) bility company and affirm th	he limited liability company has been n	notified of my
resignation in wr	issociating Member or Resig	gning Manager	9530 DEC 21
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		21