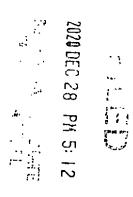
## LZ0000358112

(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PROTEK GT LLC (Name of Limited	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
ANTONIO BARBARIS	_ <del></del>
(Contact Person)	
PROTEK GT LLC (Firm/Company)	
135.01 SW 26th Terrace	<del></del>
(Address)	
Miami, FU 33175 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
ANTONIO BARBARIS at	(186) 618.0909
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:
	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 ananassee, 112 32314	Tallahassee FL 32303

CR2E079 (2/14)



## 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
_	ROTEK GT LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
レ20000	350 112
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12/21/20ಖ
	D SUWAIDAN, hereby withdraw/resign as a fame of Person Resigning)
AHB	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
_ white	In
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)
Cerunica Copy.	φ30.00 (Optional)