

L21000447809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

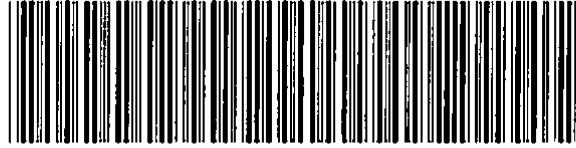
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

09/05/23  
12:40 PM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GPS PLUS GROUP 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:

Annabella Barboza

(Contact Person)

Barboza Law & Associates, P.A.

(Firm Company)

300 South Pine Island Road, Suite 261

(Address)

Plantation, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Annabella Barboza, Esq.

(Name of Contact Person)

at ( 954 ) 983-1232

(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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FLORIDA  
DIVISION OF CORPORATIONS



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: GPS PLUS GROUP LLC

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

L21000447809

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/29/2023

4. I, Pablo Gimenez, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member and Manager

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:

9009:1325601405

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA