

h220000 83930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

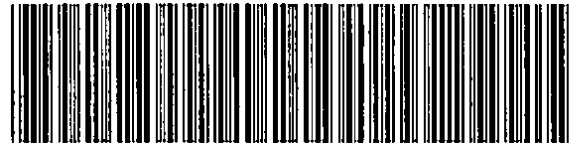
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800388604198

06/07/22 --01029--014 **55.00

2022 JUN -7 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GOLDEN SPIKE TRUST 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:

Graciela Rivera

(Contact Person)

The Golden Spike Trust LLC

(Firm/Company)

2715 NE 50TH DRIVE

(Address)

GAINESVILLE, FL 32609

(City/State and Zip Code)

For further information concerning this matter, please call:

Graciela Rivera

(Name of Contact Person)

561

598-1979

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



FILED

2022 JUN -7 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FL

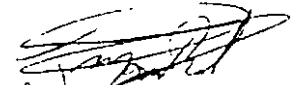
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: The Golden Spike Trust
2. The Florida document/registration number assigned to this limited liability company is:
L22000083930
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/25/22
4. I, Jose M. Rivera Lopez, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Member
(Print Title)

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

X 

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)