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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

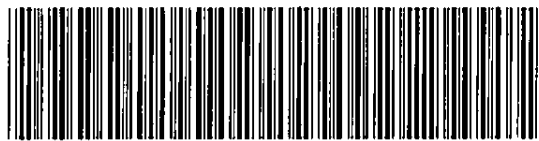
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TALLAHASSEE, FL

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**SUBJECT:** 3GTS LLC  
(Name of Limited Liability Company)

Please return all correspondence concerning this matter to:

(Firm/Company)

(City/State and Zip Code)

Sebastian Bieule at (305) 8798018  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 3GTS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
124000007593

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/12/2024

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

AP

*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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

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