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(((H170003264703)))



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Tc:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone : (954)208-0845 Fax Number

LLC DISSOLUTION OR WITHDRAWAL GB MARKETPLACE, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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Help

K. SAL DEC 1 4 2017

COVER LETTER

TO: Registration Division of C		
	RKETPLACE LLC	
SUBJECT:	(Name of Foreign Limited Liability Company)	
Dear Sir or Madain	1	
The enclosed withdra	wal and fee(s) are submitted for filing.	
Please return all corre	rspondence concerning this matter to the following:	
GUSTAVO BLANG	О	
	(Name of Person)	
 	E LLC	
	(Firm/Company)	
10773 NW 58TH SI	REET #242.	
	(Address)	
DORAL, FL., 33178		
	(City/State and Zip Code)	
For further informati	on concerning this matter, please call:	
GUSTAVO BLANC	do 305 8122564	
(N	ine of Person) (Area Code & Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu	Corporations Dission of Corporations	
Enclosed is a check	for the following amount:	
☑ S25 Filing Fee	☐ \$30 Filing Fee & ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	Ċ.



NOTICE OF WITHDRAWAL OF CERT FICATE OF AUTHORITY

GB MARKETPLAC	2110
OB MARKETILAC	(Name of limited liability company)
Delaware	(Jurisdiction of its organization)
8/01/2006	
	(Date registered with Florida Department of State)
M06000004253	\{\begin{align*} \text{!} \\ \
	(Florida Document Number)
This limited liabi	lity company is withdrawing its certificate of authority in this state.
Effective Date, if	other than the date of filing: (optional)
(If an effective da	the is listed, the date must be specific and cannot be prior to date of filing or
more than 90 day	inserted in this block does not meet the applicable statutory filing requirements,
this date will not	be listed as the document's effective date on the Department of State's records.
	(Chamb)
_	(Signature of authorized representative)
	(Signature of authorized representative)
G	USTAVO BLANCO
	(Typed or printed name of signee)
	Filing Fee: \$25.00