## 2500010151

| (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: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |





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07/09/18--01014--020 \*\*55.00



## **COVER LETTER**

| TO:    | -                   | stration Section<br>sion of Corporations |                     |  |   |
|--------|---------------------|--|---------------------|--|---|
| SUB.   | JECT:               | GEVA HOLDINGS LLC                        |                     |  |   |
| 5017.  | , 13 ( ) 1 1        | (Name of I                               | imited Liability Co | ompany)  | _ |
| The e  | nclosed             | d member, resignation or disso           | ociation and fee(   | s) are submitted for filing.                       |   |
| Pleas  | e return            | all correspondence concernir             | ng this matter to:  | :  |   |
| JON    | <b>1</b> AHTA       | N HODOROV                                |                     |  |   |
|        |                     | (Contact Person)                         | <del></del>         | _  |   |
|        |                     |  |                     |  | 3 |
|        |                     | (Firm/Company)                           |                     |  | • |
| 3041   | NE 18               | 83 LANE # 41                             |                     |  | , |
|        |                     | (Address)                                |                     | <del></del>  |   |
| AVE    | NTUR                | A, FL 33160                              |                     |  | , |
|        |                     | (City/State and Zip Code)                |                     | _  |   |
| For fi | irther is           | nformation concerning this ma            | atter, please call: | :  |   |
| JON    | ATHAI               | N HODOROV                                | 646                 | 427-7728<br>)                                      |   |
|        | (N                  | ame of Contact Person)                   |                     | e & Daytime Telephone Number)                      |   |
|        | sed ple<br>5 Filing | rase find a cheek made payabl<br>g Fee   |                     | Department of State for:<br>g Fee & Certified Copy |   |
|        |                     | OURIER ADDRESS:                          |                     | MAILING ADDRESS:                                   |   |
| _      |                     | Section<br>Corporations                  |                     | Registration Section Division of Corporations      |   |
|        | n Buile             | -  |                     | P.O. Box 6327                                      |   |
| 2661   | Execut              | ive Center Circle<br>Florida 32301       |                     | Tallahassee, Florida 32314                         |   |

CR2E079 (2/14)



## 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)

|  | limited liability company as             | it appears on the records of the Florida Department |
|--|--|---|
|  | ument/registration number as             | signed to this limited liability company is:        |
| 3. The date this me                      | mber/manager withdrew/resi               | gned or will withdraw/resign is:                    |
| NAMENIANI                                | HODOBOV                                  | , hereby withdraw/resign as a                       |
| MANAGER                                  |  |   |
|  | (Print Title)                            |   |
| of this limited lia<br>resignation in wr |  | limited liability company has been notified of my   |
| Signature of Di                          | ssociating Member or Resign              | ning Manager  |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional) |   |