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COVER LETTER

TO: Registration Section **Division of Corporations** GASTATE UN DOLLAR LLC SUBJECT: (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: OLGA LIDIA MARQUEZ (Contact Person) GASTATE UN DOLLAR LLC (Firm/Company) 2050 WEST 56TH STREET # 18 (Address) HIALEAH FL 33016 (City/State and Zip Code) For further information concerning this matter, please call: OLGA LIDIA MARQUEZ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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)

2. The Florida document/registration number assig L17000037287	gned to this limited liability compa	ny is:
3. The date this member/manager withdrew/resign	 ned or will withdraw/resign is:	01/2017
4. I. ALEJANDRO GUTIEREZ ESCALONA (Print Name of Person Resigning)		
(Print Name of Person Resigning) MGR		HILE 17 JUN 19 AM DIVISION OF COIG 6
(Print Title)		T ₹ 100
of this limited liability company and affirm the li- resignation in writing.	imited liability company has been r	notified offiny C
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Signature of Dissociating Member or Resignin	ng Manager	

Certified Copy:

\$30.00 (Optional)