



# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1114 GRS, 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:

MANUEL DINER

\_\_\_\_\_  
(Contact Person)

MANUEL DINER PA

\_\_\_\_\_  
(Firm/Company)

2800 WESTON RD, STE 204

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

WESTON, FL 33331

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHLOE ORTELLS

\_\_\_\_\_  
(Name of Contact Person)

305 825-8151  
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



2020 JUN 16 9:00 AM

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: 1114 GRS, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L20000124337
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/16/2020
4. I, MANUEL DINER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AUTHORIZED PERSON (AP)  
*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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