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## **COVER LETTER**

Registration Section

TO:

**Division of Corporations** SUBJECT: GC Kosher, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Frida Ziegler (Contact Person) (Firm/Company) 20145 NE 25th Avenue (Address) Miami, FL 33180 (City/State and Zip Code) For further information concerning this matter, please call: Frida Ziegler (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** 

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the lin of State is: GC K		appears on the records of the Flori	ida Department
2. This limited liabilit FLORIDA	y company was organized u	nder the laws of:	2013 FEB - I SEGRETAR SALL AHASS
3. The Florida docum L100001199	_	nis limited liability company is:	ARY OF SI
4. I, FRIDA ZIEGLER  (Print Name of Person Resigning)		, hereby resign as a MGRM (Prin	nt Title)
of this limited liabil resignation in writing	ity company and affirm the l	imited liability company has been	notified of my
	ing Member, Managing Mer	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		