L04 000057637

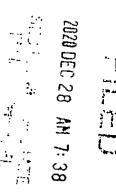
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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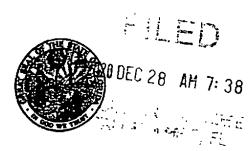
LEB 08 2021

COVER LETTER

	istration Section sion of Corporations
SUBJECT:	Gusmel, LLC
	(Name of Limited Liability Company)
The enclosed	I member, resignation or dissociation and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to:
_YUS(21H Martinez J (Contact Person)
	GUSHQ!' (C. (Firm/Company)
17301	Biscarre Blud unit 1703
Avent	City/State and Zip Code)
	ormation concerning this matter, please call: OFORTAS INVES OF MAIL (CON MACHINE L at 305, 7333077 The of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please \$25 Filing Fo	e find a check made payable to the Florida Department of State S
Division P.O. Box	tion Section of Corporations Sirest Address: Registration Section Division of Company

Tallahassee, FL 32303

Ball



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)

	ne limited liability company as it appears on the records of the Florida Department
	cument/registration number assigned to this limited liability company is:
3. The date this m	nember/manager withdrew/resigned or will withdraw/resign is:
4. I. Ricardo Grinbe	hereby with draw/rasign as a
(Print	Name of Person Resigning), hereby withdraw/resign as a
Manager	
 	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
	- Alg
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)