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Special Instructions to Filing Officer:			

Office Use Only



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D. SCOTT MAR 2 3 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GEFT MIDTOWN, LLC	ed Liability Company)
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
Corey E. Hoffman	
(Contact Person)	<del></del>
Corey E. Hoffman, P.A.	
(Firm/Company)	
3250 Mary St., #303, Miami, FL 331	.33
(Address)	TASE 7
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	FILE 3 P 3 P 3 P 3 P 3 P 3 P 3 P 3 P 3 P 3
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
	シン・4 (1)
Corey	at ( 305-443-5600 500 500 500 500 500 500 500 500 500
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	a management of a AVIAMM CALCAIT

CR2E079 (2/14)

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## 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: GEF	T MIDTOWN LLC	
2. The Florida docu	ument/registration number as	signed to this limited liability company is:
L070001038	37	·
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: 12/31/5
4. I, GIANFRANCO (Print N	CHIORBOLI  Tame of Person Resigning)	, hereby withdraw/resign as a
MEMBER	(Print Title)	
of this limited lial resignation in wr	bility company and affirm the	T, 0
Filing Fec: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	3. 55 LORIDA