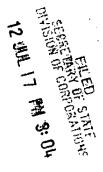
L0700111179

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



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B. KOHR
JUL 19 2012
EXAMINER

Office Use Only

COVER LETTER

TO:	_	stration Section sion of Corporations	
	25 () ()		
SUBJI	ECT:	Giroski Operating, L	_C
		(Name of	Limited Liability Company)
The enfiling.	nclosed	I member, managing membe	or manager resignation and fee(s) are submitted for
Please	return	all correspondence concern	
Leor	nardo	o Cipriani	
		(Contact Person)	<u> </u>
Giros	ski O	perating, LLC	
		(Firm/Company)	
998	Blue	wood Ter.	
		(Address)	
Wes	ton,	FI 33327	
		(City/State and Zip Code)	
For fu	rther is	nformation concerning this n	atter, please call:
Leor	nardo	Cipriani	at (786) 2670783
	(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed ple	✓ \$25 Filing Fee	le to the Florida Department of State for: \$55 Filing Fee &
		· · · · · · · · · · · · · · · · · · ·	Certified Copy
		OURIER ADDRESS: Section	MAILING ADDRESS: Registration Section
_		Corporations	Division of Corporations
Clifton	n Build	ding	P.O. Box 6327
2661 F	-xecut	ive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301







FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	limited liability company as oski Operating, LLC	it appears on the records of	f the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doct L0700011	ument/registration number of	this limited liability compa	any is:
4. I, Leonardo	Cipriani Jame of Person Resigning)	, hereby resign as a N	MGR (Print Title)
	bility company and affirm the	e limited liability company	,
Signature of Resi	gning Member, Managing N	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		