

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone) #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		,	

Office Use Only

G. MCLEOD

MAY 27 2011

EXAMINER



400207984984

05/26/11--01013--001 **50.00

IT MAY 26 PM 1:17
SECRETARY OF STATE
ALLAHASSEE, FLORING

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G & E Partners, LLC. (Name of Limited)	l Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Juan Aller	
(Contact Person)	
(Firm/Company)	
6729 Rose Drive	
(Address)	
Miramar, FL 33023	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	954 309-2446
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne 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
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
rananassee, promua 32301	

CR2E079 (5/06)



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 E Partners, LLC.	it appears on the records of the	ne Florida Department
2. This limited liab	oility company was organized	l under the laws of:	
3. The Florida doc L0800001	_	f this limited liability company	y is:
4. I, Juan Aller		, hereby resign as a Ma	nager
	bility company and affirm th	e limited liability company ha	
Signature of Res	igning/Member, Managing N	1ember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		TALLAHAS

CR2E079 (5/06)