

108 0000 83445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

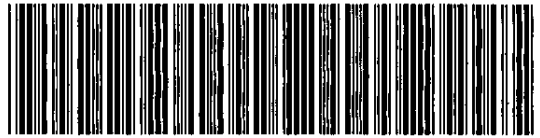
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200136207352

10/06/08--01006--011 **25.00

FILED

2008 OCT -6 PM12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT - 7 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GASTRO SWISS 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:

DIANA FUENMAYOR

(Contact Person)

GASTRO SWISS LLC

(Firm/Company)

3195 COMMODORE PLAZA

(Address)

COCONUT GROVE FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

DIANA FUENMAYOR

(Name of Contact Person)

at (786) 5973299

(Area Code & Daytime Telephone Number)

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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2008 OCT -6 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

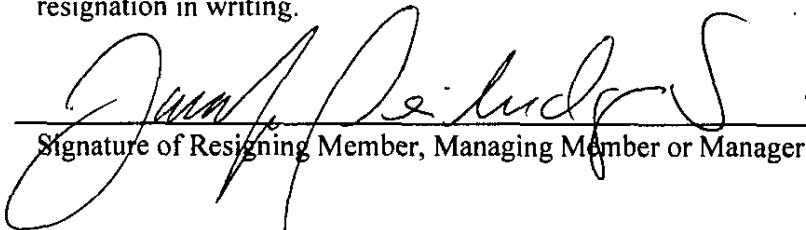
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORIDA GastroSwiss LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L08000083645

4. I, JACOB LEIBUNDGUT, hereby resign as a VICE PRESIDENT
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2008 OCT -6 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA