

L09000029665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

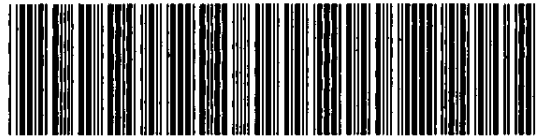
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS
APR 21 2010
EXAMINER

Office Use Only



500175344755

04/19/10--01062--012 **25.00

FILED
10 APR 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GALPON 113, 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:

MARIA FERNANDEZ
(Contact Person)

GALPON 113, LLC
(Firm/Company)

7436 NW 55 STREET
(Address)

MIAMI, FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA FERNANDEZ at (786) 2907482
(Name of Contact Person) (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:

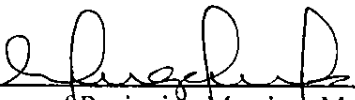
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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: GALPON 113, 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:
L09000029665
4. I, MARIA FERNANDEZ, hereby resign as a MGM
(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
10 APR 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA