

L100000 45544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

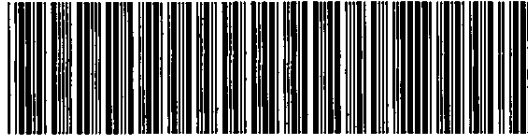
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500282441635

02/24/16--01018--016 \*\*55.00

FILED  
16 FEB 24 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 25 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GESTION IS, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Bonnie A. Brown, Esquire

(Contact Person)

Law Offices of Bonnie A. Brown

(Firm/Company)

514 Colorado Avenue

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie A. Brown

(Name of Contact Person)

at ( 772 ) 221-9024

(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

**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: GESTION IS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000045544

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Eric Loiselle

4. I, ERIC LOISELLE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

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

✓   
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

FILED  
16 FEB 24 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA