## L11 0000070836

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## **COVER LETTER**

TO: Registration Section Division of Corporations **GS4 Studios LLC** SUBJECT: (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: Peter Stromberg (Contact Person) **GS4 Studios** (Firm/Company) 2365 Vista Parkway 16 (Address) West Palm Beach, FL 33411 (City/State and Zip Code) For further information concerning this matter, please call: Michelle Caldwell (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **■** \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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SECRETURY OF STATE
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## 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)

	limited liability company as it appears on the records of the Florida Department Studios, LLC
2. The Florida doc L11000070836	ument/registration number assigned to this limited liability company is:
Miskalla Caldan	ember/manager withdrew/resigned or will withdraw/resign is: 12-13-2021 eli
Authorized Memb	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Conv:	\$25.00 (Required) \$30.00 (Optional)