L12000058194

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coordinate)
(Document Number)
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E ILEU 2020 JUL 30 AM 10: 32 Secretary of State

JU 09/23/20

COVER LETTER

TO: Registration Section Division of Corporations	
GIOIA I, LLC SUBJECT:	
(Name of Limited Liabil	ity Company)
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to:
BARBARA GARCIA	
(Contact Person)	
BG LAW. PA.	
(Firm/Company)	
999 PONCE DE LEON BLVD. STE. 1105	
(Address)	
CORAL GABLES. FL 33134	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
BARBARA GARCIA 786	
	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	
Section Secti	Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
	Tallahassee, FL 32303



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 of State is:		s it appears on the records of t	the Florida Department
2. The Florida docu L12000058194	ument/registration number a	assigned to this limited liabilit	y company is:
. BARBARA GA	RCIA	signed or will withdraw/resign	•
		he limited liability company h	nas been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	gning Manager	2020 JUL (SECRETA TALLAI