L 12 0000 65465

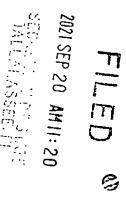
(Requestor's Name)					
(Address)					
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(//0	uic33)				
(Cit	y/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(60	Siless Littly Hair	ie,			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
		-			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

то:	_	tration Section ion of Corporations		
SUBJI	ECT:	GAN SERVICES, LLC (Name of Limited I	ighility Company)	
The en	elosec	I member, resignation or dissociation		,
Please	return	all correspondence concerning this	matter to:	
E	<u>likb</u>	(Contact Person)	. <u></u>	
G	<u> M</u>	Services LLC (Firm/Company)		
121	5 A	IEW TERRACE (Address)		
CA	9 <u>E</u>	CORAL FL 33909 (City/State and Zip Code)		
For fu	rther is	nformation concerning this matter, p	lease call:	
EI	iab IN	ame of Contact Person) at (239) 878-6003 Area Code & Daytime Telephone Nu	mber)
Enclos	-	ase find a check made payable to the g Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy	
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street,	see

Tallahassee, FL 32303

CR2E079 (2/14)



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 a SERVICES, LLC	•	of the Florida Department		
2. The Florida docu L12000065465	iment/registration number a	assigned to this limited liab	oility company is:		
3. The date this me	mber/manager withdrew/re	signed or will withdraw/re	esign is:		
DALISIS MADIA V			, hereby withdraw/resign as a		
MGRM					
	Print Title)				
of this limited lial resignation in wr	pility company and affirm titting.	he limited liability compar	ny has been notified of my		
Signature of Di	ssociating Member or Resi	gning Manager	70 M		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ED 4111:20		