

212 600 113 791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

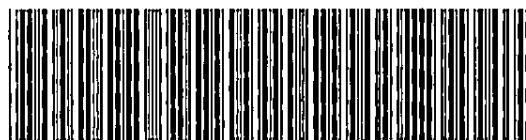
(Business Entity Name)

(Document Number)

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SECURITY UNIT
TALLAHASSEE, FL

BY BRUCE
AUG 17 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEATO REAL ESTATE LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

ELIYAHU MOYAL
(Contact Person)

GEATO REAL ESTATE LLC
(Firm/Company)

7901 4th St N STE 300
(Address)

St. Petersburg, FL 33702
(City/State and Zip Code)

For further information concerning this matter, please call:

ELIYAHU MOYAL at (972) 504009600
(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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: GEATO REAL ESATE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L12000113791

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/01/2020

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

MANAGER-MEMBER
(Print Title)

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

X

Signature of Dissociating Member or Resigning Manager

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

RECEIVED
TALLAHASSEE, FL
JUL 1 2020

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