## 43000023202

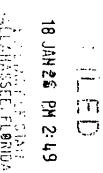
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



000308274550

01/26/18--01013--007 ★★55.00



JAN 2 9 2016 Y SULKER

## **COVER LETTER**

| Division of Corporations   |                              |   |
|--|------------------------------|---|
| SUBJECT: GATO ENCERRADO LLC  |                              |   |
| (Name of Limi  | ted Liability Cor            | npany)  |
| The enclosed member, resignation or dissocia   | ation and fee(s              | s) are submitted for filing.  |
| Please return all correspondence concerning to   | this matter to:              |   |
| DENISE L. BEN-DAVID  |                              |   |
| (Contact Person)   |                              | _   |
| WNF LAW, P.L.  |                              |   |
| (Firm/Company)   | -                            | _   |
| 1111 BRICKELL AVE SUITE 2200   |                              |   |
| (Address)  |                              | _   |
| MIAMI, FLORIDA 33131   |                              |   |
| (City/State and Zip Code)  |                              | _   |
| For further information concerning this matter   | er, please call:             |   |
| DENISE L. BEN-DAVID  | 305                          | 760-8506<br>  |
| (Name of Contact Person)   | (Area Code                   | e & Daytime Telephone Number)   |
| Enclosed please find a check made payable to ☐ \$25 Filing Fee   | o the Florida I  \$55 Filing | Department of State for: g Fee & Certified Copy   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |                              | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |

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)

| 2. The Florida do                      | cument/registration number assigne       | d to this limited liability comp | any is: |           |    |
|--|--|----------------------------------|---------|-----------|----|
| L130000232                             | )2                                       |                                  | ,       | 18        |    |
| 0.401151 0                             | ember/manager withdrew/resigned          |                                  | /19/20  | 17AN 25 P |    |
| (Print<br>MMGR                         | Name of Person Resigning)  (Print Title) |                                  | FLORIDA | PM 2: 49  |    |
| of this limited li<br>resignation in w | ability company and affirm the limi      | ted liability company has been   | notifie | d of m    | ıy |
|  | Jun                                      |                                  |         |           |    |
| Signature of I                         | bissociating Member or Resigning N       | Manager                          |         |           |    |
| Filing Fee:<br>Certified Copy:         | \$25.00 (Required)<br>\$30.00 (Optional) |                                  |         |           |    |