

L13 000051614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF ARIZONA  
TALLAHASSEE, FLORIDA

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JAN 29 2014

T. CLARK

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GG'S GETAWAY LLC  
(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:

Gwenda Artiaga

(Contact Person)

GG's Getaway LLC

(Firm/Company)

6178 Laurel Lane #D

(Address)

Tamarac, FL 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

Regina Sanders

(Name of Contact Person)

at ( 954 ) 2397193

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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2014 JAN 24 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GG'S GETAWAY LLC
  2. The Florida document/registration number of this limited liability company is: L13000051614
  3. The date this member withdrew or will withdraw is: December 31, 2013
  4. I, M. Grace McDonald, hereby resign as a Managing Member  
*(Print Name of Person Resigning)* *(Print Title)*
- of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

M. Grace McDonald

Signature of Resigning or Dissociating Manager, Member

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

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2014 JAN 24 PM 1:59  
FILING OFFICE  
TALLAHASSEE, FL