L130000 74101

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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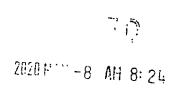
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C. GOLDEN MAY 2 9 2020

COVER LETTER

Division of Corporations	
SUBJECT: GE EVERTAL (Name of Limite	UHENT LAC Id Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
HOWAXD EDELMAN (Contact Person)	
19921 Dolors Ann Cook	
(Address)	
TAHAA FOUNDA 3 (City/State and Zip Code)	3549
For further information concerning this matter	, please call:
(Name of Contact Person)	at (<u>813</u>) <u>956 - 3939</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$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





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	e limited liability company as it appears on the records of the Florida Department
of State is:	GE ENTERTAIN MONT LLC
2. The Florida doc	cument/registration number assigned to this limited liability company is:
L1300	00074101
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is: April 15, 2020
4. I. Howf	Name of Person Resigning), hereby withdraw/resign as a
M	GR (Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
	Militaria de la companya dela companya dela companya dela companya dela companya de la companya dela co
Signature of D	dissociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Conv	\$30.00 (Optional)