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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
, ,	•	,
PICK-UP	MAIT	MAIL
(Rus	iness Entity Nar	ne)
(Dus	iness Entity Har	ney
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer.	



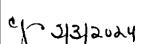


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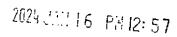
2024 JEH 1 6 FH 12: 57





COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	G STREET APTS, LLC		
	(Name of Limite	d Liability Co	mpany)
The en	nclosed member, resignation or dissociati	ion and fec(s) are submitted for filing.
Pleaso	e return all correspondence concerning th	is matter to	:
JOSEP	PH MASSEY		
	(Contact Person)		_
G STR	EET APTS, LLC		
	(Firm/Company)		_
514 SC	OUTH 4TH STREET, UNIT C		
	(Address)		_
FERN	ANDINA BEACH, FL 32034		
	(City/State and Zip Code)		_
For fu	rther information concerning this matter,	please call	:
JOSEP	PH MASSEY	561 it (319-7300
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable to t 5 Filing Fee		Department of State for: g Fee & Certified Copy
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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 of State is: GS	re limited liability company as it appears on the records of the Florida Departmen
	cument/registration number assigned to this limited liability company is:
3. The date this m	nember/manager withdrew/resigned or will withdraw/resign is:
4. I, BEN	SCANDLEN, hereby withdraw/resign as a Name of Person Resigning)
	ARTNER (MBR)
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
109	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	(,
Certified Copy:	\$30.00 (Ontional)