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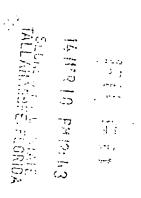
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PICK-UP	WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: £1 Gallo Grande 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:
Contact Person)
El Gello Grandie (Firm/Company)
1625 47 5treat 5. (Address)
St. Pete, FC 33701 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (727) 642 - 6076 (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 \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (12/13)



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: El Gallo Grande LLC
2. The Florida document/registration number of this limited liability company is:
•
3. The date this member withdrew or will withdraw is: 3/3/14.
3. The date this member withdrew or will withdraw is: 3/3/14. 4. I, Philip Farley, hereby resign as a Mane Ser (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.
Signature of Resigning or Dissociating Manager, Member
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)