Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000164682 3)))



H190001646823ABC4

| тои оп | hit the REFRESH/RELOAD button on age. Doing so will generate another covered to the second se | your brow: | ser⊊from | this |
|--------|--|------------|--|--------------|
| р | age. Doing so will generate another cov | er sneet. | Γ, | 537 |
| | | | - : | === |
| To: | | | ί. | \sim |
| | Division of Corporations | | <u>. </u> | |
| | Fax Number : (850) 617-6383 | | L., | \supset |
| | | | | - |
| From: | Account Name : GUZMAN & GUZM | NN 13 A | i crait | $\dot{\sim}$ |
| | The second of th | AIN, C.M. | <u> </u> | 0 |
| | Account Number : 120080000090 | | : > | <u> </u> |
| | Phone : (305)670-1991 | | 7.0 | |
| | Fax Number : (305)670-1993 | | | |

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|----------|--|
| | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRANATE LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

· ` ·

Corporate Filing Menu

D SCOTT Help MAY 22 2019



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)

| | NATELIC | it appears on the records of the Florida Department |
|--|--|---|
| 2. The Florida docu £14000033156 | ment/registration number as | signed to this limited liability company is: |
| 4. I, G & G MANA | OFMENT UC LLC | gned or will withdraw/resign is: , hereby withdraw/resign as a , hereby withdraw/resign as a |
| MGR | (Print Title) | ., G |
| of this limited liab resignation in wri | | e limited liability company has been notified of my |
| Signature of Di | ssociating Member or Resig | ning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |