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(Requ	estor's Name)		
(Addre	ess)		
(Addre	ess)		
(City/S	State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GEGSPizza (Name of Limited Liability Co	mpany)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	:		
Giovanni Rios			
(Contact Person)	_		
G& GOS PIZZA LLC (Firm/Company)	_		
14020 SW 50 St.	_		
Miami, FL 33175	_		
(City/State and Zip Code)			
For further information concerning this matter, please call	:		
	e & Daytime Telephone Number)	20 JAN 3	1,417.7
Enclosed please find a check made payable to the Florida ☐ \$25 Filing Fee ☐ \$55 Filing	Department of State for: ng Fee & Certified Copy	R	S JOHN OF S
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	9: 21	ATIONS TAIC

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

	imited liability company as it appears on the records of the Florida Depar	tment	
	ment/registration number assigned to this limited liability company is:		
	$\frac{00063830}{\text{mber/manager withdrew/resigned or will withdraw/resign is: } \frac{\sqrt{27/3}}{\sqrt{27/3}}$	202	20
4. I, (Print No.	nni Ramón, hereby withdraw/resign as a		
<u> </u>	SMR Print Title)		
of this limited liab	ility company and affirm the limited liability company has been notified (ting.	20.TV 3	
Marke	Peon:		RY OF S
Signature of Dis	ssociating Member or Resigning Manager	9: 21	RATIONS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Ω)
certified copy.	450.00 (Optional)		