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TO:

Clifton Building

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

Registration Section

Division of Corporations THE QUAIL RANCH LLC **SUBJECT:** (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: **DINORAH GARCIA** (Contact Person) G & G GROUP USA LLC (Firm/Company) 1455 NW 107 AVE, UNIT 590 (Address) **DORAL, FL 33172** (City/State and Zip Code) For further information concerning this matter, please call: **DINORAH GARCIA** 786 (Area Code & Daytime Telephone Normber) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations

P.O. Box 6327

Tallahassee, Florida 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)

1. The name of the	limited liability company as it ap	ppears on the records of	the Florida Department
of State is:	QUAIL RANCH LLC		
2. The Florida docu	ıment/registration number assigr	ned to this limited liabili	ity company is:
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3. The date this me	mber/manager withdrew/resigne	- d or will withdraw/resig	m is:
4. I, DINORAH GARCIA (G&G GROUP USA)		_, hereby withdraw/resig	SSEE A A
(Print N	ame of Person Resigning)	_,,,	m d gran
MANAGER/M	IEMBER		
	(Print Title)		50
of this limited lial resignation in wr	bility company and affirm the lin	nited liability company	has been notified of my
Reci	ialulai		
Signature of Di	ssociating Member or Resigning	Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy: \$30.00 (Optional)			