

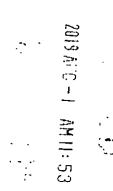
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Guardian Truitment Sever, 22C (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:
MUNICER NEAL (Contact Person)
Gradian Involment Group, iLc
1880 S. F. Part St. Lucia Blad (Address)
P1. Piuc Il 34952 (City/State and Zip Code)
For further information concerning this matter, please call:
MUNICLE NUM at (772) 217-5453 (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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

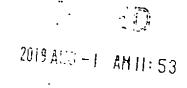
Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301





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:	limited liability company as it appears on the records of the Florida Department Andran Joungment House, 2LC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L150000	71530
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 05/10/2019
4. I. CASand	
Mem	Print Title)
of this limited lial resignation in wri	pility company and aftirm the limited liability company has been notified of my ting.
as.	Man
Signature of Di	ssociating Member or Resigning Manager
C	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)