

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200282629522

02/29/16--01018--023 **55.00

SECRETARY OF STATE
TALL ANASSES, FLOSION

MAR 01 2016 S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: GNA Auto Service 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:
Anthony Laforte (Contact Person)
GNA Auto Service LLC (Firm/Company)
445 NE 6th Ave #13 (Address)
DeVay Beach FL 33483 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony Lu Forte at (561) 501. 6905 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\\$\\$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 li	mited liability company as it appears on the records of the Florida Department
of State is: 60/	9 Auto Service LLC
L7500	nent/registration number assigned to this limited liability company is:
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 3/1/16
4. I, Gloriu 1	hereby withdraw/resign as a, hereby withdraw/resign as a
Member	Print Title)
of this limited liabi	lity company and affirm the limited liability company has been notified of my ng.
Signature of Diss	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)