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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
	siness Entity Nan	ne)	
(30	omodo Emry Ham	,	
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		

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COVER LETTER

TO: Registration Section	
Division of Corporations	
GASSANT ENTERPRISES, LLC	
SUBJECT:	
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to:
MAKEBA GASSANT	
(Contact Person)	
GASSANT ENTERPRISES, LLC	
(Firm/Company)	
20609 NW 14TH PL	
(Address)	
MIAMI, FL 33169	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
MAKEBA GASSANT	305 788-2656
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclosed places find a shark and a workle to	
Enclosed please find a check made payable to \$25 Filing Fee	535 Filing Fee & Certified Copy
-	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee
· minimoso, i 12 22217	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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	e limited liability company as it appears on the records of the Florida D	epartment
2. The Florida doc L16000087723	cument/registration number assigned to this limited liability company is	3 :
<u></u>	3/17/2022	
The date this m PEDRO GASS.	ember/manager withdrew/resigned or will withdraw/resign is:ANT	
4. I,	Name of Person Resigning) , hereby withdraw/resign as a	
Authorized Men	Name of Person Resigning) aber	
***************************************	(Print Title)	
of this limited lie resignation in wa	ability company and affirm the limited liability company has been notifi-	ied of my
		092
	1ml	7.0 A.00
Signature of D	Dissociating Member or Resigning Manager	1.
Filing Fee:	\$25.00 (Required)	:
Certified Copy:	\$30.00 (Optional)	