## 116 COC 134626

| (Re                                     | equestor's Name)   |           |  |  |  |  |
|---|--------------------|-----------|--|--|--|--|
| (Address)                               |                    |           |  |  |  |  |
| (Address)                               |                    |           |  |  |  |  |
| <b>(</b>                                | ,                  |           |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |  |  |  |
| PICK-UP                                 | WAIT               | MAIL      |  |  |  |  |
| (Business Entity Name)                  |                    |           |  |  |  |  |
| (Business Entity Name)                  |                    |           |  |  |  |  |
| (Document Number)                       |                    |           |  |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |  |  |
|   |                    |           |  |  |  |  |
|   |                    |           |  |  |  |  |
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## **COVER LETTER**

| TO:    | Regis    | stration Section             |           |             |  |
|--------|----------|------------------------------|-----------|-------------|--|
|        | Divis    | sion of Corporations         |           |             |  |
| SUBJ   | ECT:     | GULFSTREAM DRIVE LLC         |           |             |  |
|        |          | (Name of                     | Limited   | Liability C | Company)   |
| The en | nclosec  | l member, resignation or dis | sociatio  | on and fee  | e(s) are submitted for filing.                     |
| Please | return   | all correspondence concern   | ning this | s matter t  | o:   |
| GREG   | ORY PI   | ERRINO                       |           |             |  |
|        |          | (Contact Person)             |           |             | <del></del>  |
| PERRI  | NO & A   | ASSOCIATES CPAS PA           |           |             |  |
|        |          | (Firm/Company)               |           |             |  |
| 4100 C | ORPOR    | ATE SQUARE #160              |           |             |  |
|        |          | (Address)                    |           |             | <del></del>  |
| NAPLI  | ES, FL 3 | 34104                        |           |             |  |
|        |          | (City/State and Zip Code)    |           |             |  |
| For fu | rther is | nformation concerning this   | natter, j | please cal  | 11:  |
| GREG   | ORY PI   | ERRINO                       | at        | 239         | 434-8299   |
|        | (N       | ame of Contact Person)       | 41        |             | de & Daytime Telephone Number)                     |
| Enclos | sed ple  | ase find a check made paya   | ble to th | ne Florida  | a Department of State for:                         |
|        | 5 Filing | • •                          |           | _           | ing Fee & Certified Copy                           |
|        |          |                              |           |             |  |
|        | _        | ng Address:                  |           |             | Street Address:                                    |
|        | _        | stration Section             |           |             | Registration Section                               |
|        |          | ion of Corporations Box 6327 |           |             | Division of Corporations The Centre of Tallahassee |
|        |          | hassee, FL 32314             |           |             | 2415 N. Monroe Street, Suite 810                   |
| ! .:   | 1 9119   | 1105500, I'L 52514           |           |             | 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)

|  | e limited liability company as | s it appears on the records of the Florida Department |
|--|--------------------------------|---|
| 2. The Florida doc<br>L16000134628                           | ument/registration number a    | ssigned to this limited liability company is:         |
| 3. The date this me  | ember/manager withdrew/res     | signed or will withdraw/resign is: AUGUST 19, 2021    |
| 4. I, CHRISTOPHER MCCARTHY  (Print Name of Person Resigning) |                                |   |
| MANAGER ME   | 3 2                            |   |
|  | (Print Title)                  |   |
| of this limited lia  |                                | ne limited liability company has been notified of my  |
| Christool  | er melwithy                    |   |
| Signature of D   | issociating Member of Resig    | ming Manager  |
|  | \$25.00 (Required)             |   |
| Certified Copy:  | \$30.00 (Optional)             |   |