11000162066

(Req	questor's Name)	<u>-</u>
(Add	Iress)	
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(City	/State/Zip/Phone	#)
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SECRETARY OF STATE

K SALY DEC 27 2017

COVER LETTER

SUBJECT: GEORAY, LLC (Name of Limited Liability Company)
(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:
Arthur Delor, Tr. (Contact Person)
(Firm/Company)
22087 Montebello Dr. (Address)
BOCA RATON FL 33433 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 305-8318 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee \$25 Filing Fee & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Registration Section Division of Corporations

Clifton Building

STREET/COURIER ADDRESS:

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations





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 i	t annears on the res	cords of the Florida Department
1. The name of the	mined hability company as i	t appears on the rec	colds of the Florida Department
of State is:	SEORAY, LLC		·
2. The Florida doc	ument/registration number ass	igned to this limite	d liability company is:
L1600	00/62066		
3. The date this me	ember/manager withdrew/resig	gned or will withdra	aw/resign is: $12/8/2017$
4.1, Alhe (Print)	Name of Person Resigning)	, hereby withdr	raw/resign as a
Mem	(Print Title)		
		limited liability co	mpany has been notified of my
resignation in w	riting.		
			DANIELA PITULAN Notary Public - State of Florida Commission = GG 1436/2 My Comm Expres Sep 17, 2021
Signature of D	issociating Member or Resign	ing Manager	Bonded through Nebonal Notary As
			Allum Z.
Filing Fee:	\$25.00 (Required) 🗸		
Certified Copy:	\$30.00 (Optional) 🗸		



December 12, 2017

ARTHUR DELOR, JR 22087 MONTEBELLO DR. BOCA RATON, FL 33433

SUBJECT: GEORAY, LLC Ref. Number: L16000162066

We have received your document for GEORAY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 417A00025123

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