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(Red	questor's Name)	
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COVER LETTER

Division of Corporations
SUBJECT: Gerbera Management Corregions 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:
George Johnson (Contact Person)
Gerbera Management Conpay LLC. (Firm/Company)
7950 NW 53rd fleet Suite 337
Mian; Fl 33166 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (609) 868-8793 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsiz\$ \$\\$55\$ Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 lim	ited liability company as it appears on the records of the Florida Department
of State is: <u>Ge</u>	rbera Management Company LLC.
2. The Florida docume	nt/registration number assigned to this limited liability company is:
L160002121	
3. The date this member	er/manager withdrew/resigned or will withdraw/resign is: 8/19/18
4.1. Altreda D	of Person Resigning), hereby withdraw/resign as a
Menber	u Title)
of this limited liability	y company and affirm the limited liability company has been notified of my
Alda D. 1/2	In-
Signature of Dissoc	ciating Member or Resigning Manager
~	\$25.00 (Required) \$30.00 (Optional)