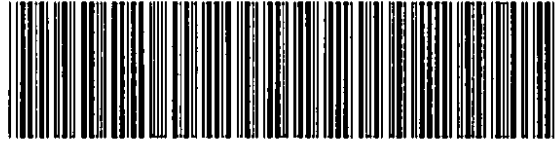


116000225851



100347277751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
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D. BRUCE  
AUG 20 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GD SUPPLIES, 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:

GEORGES HADAD  
(Contact Person)

GD SUPPLIES, LLC  
(Firm/Company)

8300 NW 53RD ST SUITE 350  
(Address)

DORAL, FL 33166  
(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGES HADAD at ( 305 ) 2046450  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

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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 it appears on the records of the Florida Department of State is: GD SUPPLIES, LLC

2. The Florida document/registration number assigned to this limited liability company is: L16000225851

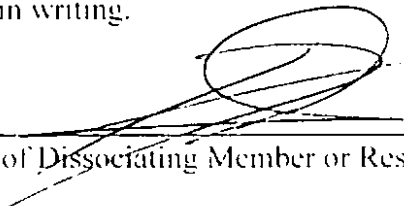
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/30/2020

4. I, DUGLAS SAYEGH, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified by my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)