## 117000062463

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(Address)				
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(City/State/Zip/Phone #)				
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## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ	GANLY'S, LLC		
	(Name of Limi	ited Liability Co	ompany)
The e	nclosed member, resignation or dissocia	ation and fee	(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to	:
Lisa L	anza, Esq.		
	(Contact Person)		_
MELIS	SSA P. LANZA, P.A.		
	(Firm/Company)	-	<del></del>
104 Cr	randon Blvd., Suite 420		
	(Address)		
Key B	iscayne, FL 33149		
	(City/State and Zip Code)		<del>_</del>
For fi	orther information concerning this matte	er, please call	:
Lisa L	anza, Esq.	305 at (	361-0997 )
	(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: ng 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

CR2E079 (2/14)

FILED 2022 JAN -3 PH 2: 04 SECRETARY OF STATE TALLAMASS



## 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)

	ted liability company as it a	ppears on the records of the Florida Department
	Vregistration number assign	ned to this limited liability company is:
L17000062463		
		d or will withdraw/resign is: December 13, 2021 _, hereby withdraw/resign as a
	of Person Resigning)	
Manager		
(Print	Title)	
resignation in writing.		nited liability company has been notified of my
	25.00 (Required) 30.00 (Optional)	