117000159049

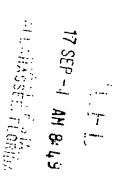
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



700303155797

09/01/17--01020--011 **25.00



\$22 () 2017 Y () 1 () 3

COVER LETTER

CR2E079 (2/14)

TO:	_	stration Section ion of Corporations							
SUBJ	ECT:	CGE Consultant LLC							
		(Name of Limited Liability Company)							
The er	nclosed	I member, resignation or disso	ociation and fee(s	s) are submitted for filing.					
Please	return	all correspondence concerning	g this matter to:						
Guer	da Val	lcourt							
		(Contact Person)		_					
CGE	Consi	ultant							
		(Firm/Company)		_					
4150	Davie	Road extension Apt # 420	2						
		(Address)		_					
Holly	wood,	FL 33024							
		(City/State and Zip Code)		_					
For fu	rther in	nformation concerning this ma	tter, please call:						
Guer	da Val	lcourt	786 at (702-0943					
	(N	ame of Contact Person)		& Daytime Telephone Number)					
	sed ple 5 Filing	ase find a check made payable ; Fee		Department of State for: 3 Fee & Certified Copy					
		OURIER ADDRESS:		MAILING ADDRESS:					
_		Section Corporations		Registration Section Division of Corporations					
	n Build	•		P.O. Box 6327					
26611	Executi	ive Center Circle Florida 32301		Tallahassee, Florida 32314					



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)

	he limited liability GE Consultant L		t appears on th	ne records of the l	Florida Dep	oartment
2. The Florida do	ocument/registratio	on number ass	igned to this l	imited liability co	ompany is:	
3. The date this i	member/manager v	withdrew/resig	gned or will w	ithdraw/resign is:	08/23/20	17
4. I. Guerda Va	alcourt It Name of Person Res		, hereby w	/ithdraw/resign as	ia ÷	17
				Č	2 s 37 s 26 g	SEP
Authorized	person/ Manage	 -			1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
of this limited resignation in	(Print Title) liability company a writing.	and affirm the	limited liabili	ty company has b	peen notifie	d con my
9	uerda	Vol c	ourt			
Signature of	Dissociating Mem	iber or Resigni	ing Manager			
Filing Fee:	\$25.00 (Req	quired)				

Certified Copy: \$30.00 (Optional)