

L17 000 220 579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

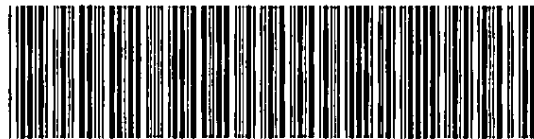
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TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GAM Commercial, 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:

James B. Abril, Esq.

\_\_\_\_\_  
(Contact Person)

Balocco & Abril, PLLC

\_\_\_\_\_  
(Firm/Company)

4332 East Tradewinds Avenue

\_\_\_\_\_  
(Address)

Lauderdale-By-The-Sea, FL 33308

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Abril

954  
at ( )

399-4278

\_\_\_\_\_  
(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

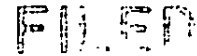
☐ \$55 Filing Fee & Certified Copy

**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  
TALLMAN

(Pursuant to 605.0216, Florida Statutes)

- M. J. Sweet*

CR2E079 (2/14)