119000094375

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:

Office Use Only



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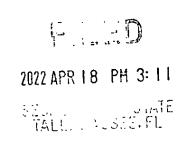
of well 2022

COVER LETTER

TO: Registration Section Division of Corporations	
GMJS HOLDINGS, LLC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
STEINHAUSER, GREGG	
(Contact Person)	
(Firm/Company)	
3600 MYSTIC POINTE DRIVE SUITE 710	
(Address)	
AVENTURA, FL 33180	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
STEINHAUSER, GREGG	914 714-2298 at ()
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclosed please find a check made payab \$\Bigsis \$25\$ Filing Fee	ble to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

	limited liability company as it appears on the records of the Florida Department S HOLDINGS, LLC
2. The Florida doce L18000094375	ument/registration number assigned to this limited liability company is:
STEINHAUSER	mber/manager withdrew/resigned or will withdraw/resign is: 4-14-2018 JON ROSS , hereby withdraw/resign as a Jame of Person Resigning)
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. ssociating Member or Resigning Manager
· -	\$25.00 (Required) \$30.00 (Optional)