# L18000157094

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

TO:	_	stration Section					
	Divis	ion of Corporations					
SUBJ	ECT:	Gama Painting, LLC					
		(Name of Limited Liability Company)					
The e	nclosed	d member, resignation or dissoc	iation and	fec(s)	are submitted for filing.		
Please	return	all correspondence concerning	this matte	r to:			
Rodrig	o Gama						
	-	(Contact Person)			•		
Gama	Painting	, LLC					
		(Firm/Company)			•		
522 Tr	ace Cir.	Apt 201					
		(Address)			•		
Deertie	eld Beac	h					
	•	(City/State and Zip Code)			•		
For fu	irther ii	nformation concerning this mat	ter, please	call:			
Rodrig	go Gama		954 at (		204-9251		
	(N	lame of Contact Person)		Code	& Daytime Telephone Number)		
Enclo	sed ple	ase find a check made payable	to the Flor	ida D	epartment of State for:		
□ \$2	5 Filing	g Fee	□ <b>\$</b> 55 1	Filing	Fee & Certified Copy		
					0		
		ng Address: stration Section			Street Address: Registration Section		
		sion of Corporations			Division of Corporations		
		Box 6327			The Centre of Tallahassee		
	Talla	hassee, FL 32314			2415 N. Monroe Street, Suite 810		
					Tallahassee, FL 32303		

CR2E079 (2/14)



## 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 a	opears on the records of the Florida	Department
of State is:	Painting, LLC		·
2. The Florida doc	ument/registration number assigr	ed to this limited liability company	is:
3. The date this mo	mber/manager withdrew/resigne	d or will withdraw/resign is:	
4. I, Ingrid F. Salas , hereby withdraw/resigning) , hereby withdraw/resigning)			2000
(Print 8	ame of Person Resigning)		·-> 
Manager			٠. ن:
	(Print Title)		<u> </u>
of this limited lia resignation in wr	bility company and affirm the liniting.	nited liability company has been not	
$\mathcal{A}$	ngrid F. Salas		
	ssociating Member or Resigning	Manager	
	\$25.00 (Required)		
Certifica Copy:	\$30.00 (Optional)		

#### **COVER LETTER**

Division of Corpor			
Gama Painting, SUBJECT:	LLC		
	(Name of L	imited Liability Cor	mpany)
The enclosed member, res	ignation or disso	ociation and fee(s	s) are submitted for filing.
Please return all correspon	dence concernin	g this matter to:	
Rodrigo Gama			
(Con	tact Person)		_
Gama Painting, LLC			
(Firm	v/Company)	•	_
522 Trace Cir Apt 201			
(A	ddress)		_
Deerfield Beach			
(City/Sta	te and Zip Code)	<u> </u>	_
For further information co	neerning this ma	atter, please call:	
Rodrigo Gama		954 at (	204-9251
(Name of Contac	t Person)		& Daytime Telephone Number)
Enclosed please find a che	ck made payable		•
□ \$25 Filing Fee		□ \$55 Filing	g Fee & Certified Copy
Mailing Address:			Street Address:
Registration Section Division of Corpor			Registration Section Division of Corporations
P.O. Box 6327	anona		The Centre of Tallahassee
Tallahassee, FL 32	314		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)

1. The name of the	e limited liability company a	is it appears on the records of t	the Florida Department
of State is:	a Painting, LLC		·
2. The Florida doc	cument/registration number a	assigned to this limited liability	y company is:
L18000157094		·	
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign	n is:
4. I, Ingrid F. Salas	, hereby withdraw/resig	n as a	
(Print :	Name of Person Resigning)		
Manager			٠,٠٠ ,
	(Print Title)		£
of this limited lia resignation in w		he limited liability company h	<b>J</b> .
<b>G</b>	9		777
$\triangleleft$	Ingrid F. Salas Dissociating Member or Resi		Fil 7:31
Signature of D	issociating Member or Resi	gning Manager	7
Filing Fee:	\$25.00 (Required)		
Certified Conv:	\$30.00 (Optional)		