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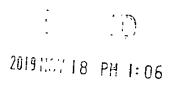
DEC 13 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 6V GAINE SUILLE 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: STEFANO (Contact Person)
(Firm/Company) 2607 SW 177 AVENUE (Address)
MIRAMAR, FL 33629 (City/State and Zip Code)
For further information concerning this matter, please call:
at () (Name of Contact Person) at () (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\times\$ \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 l	limited lia	bility company as it appears on the records of the Florida Department
of State is:	61	GAINESVILLE LLC
2. The Florida docu	ment/regi	stration number assigned to this limited liability company is:
L18000	2544	87
3. The date this mer	nber/man	ager withdrew/resigned or will withdraw/resign is: 11/13/2019
4. I, WERSACE	BERT	ONI CHATO UChereby withdraw/resign as a on Resigning)
AMBR) Print Title)	
of this limited liab resignation in writ		pany and affirm the limited liability company has been notified of my
Signature of Die	Socrating	Member or Resigning Manager
Filing Fee: Certified Copy:		(Required) (Optional)