118000279280

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



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M. SOLOWINE

COVER LETTER

| TO: Registration Section Division of Corporations | | . • | | |
|---|----------------------|---|---------------------|---|
| SUBJECT: GIANKASA MULTISERVICES | LLC | | | |
| (Name of | Limited Liability Co | ompany) | | |
| The enclosed member, resignation or diss | sociation and fee | (s) are submitted for filing. | | |
| Please return all correspondence concern | ing this matter to | : | | |
| KARLA PADILLA | | | | |
| (Contact Person) | | - | | |
| GIANKASA MULTISERVICES | | | | |
| (Firm/Company) | | | . | : |
| 12701 S JOHN YOUNG PKWY STE 218 | | | ि हो। • च | |
| (Address) | - | , | 25. 25. | |
| ORLANDO FL 32837 | | | | 2 |
| (City/State and Zip Code) | | _ | 15 | ζ |
| For further information concerning this m | natter, please call | : | | č |
| KARLA PADILLA | 407 at (| 5309292 | | |
| (Name of Contact Person) | | e & Daytime Telephone Number) | | |
| Enclosed please find a check made payab S25 Filing Fee | | Department of State for: ng Fee & Certified Copy | | |
| | | | | |
| Mailing Address: Registration Section | | Street Address: | | |
| Division of Corporations | | Registration Section Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite S | 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)

| . The Florida document/registration number | assigned to this limited liability company is: |
|---|--|
| L18000279280 | , t () . |
| . The date this member/manager withdrew/re | esigned or will withdraw/resign is: |
| I. JAIME JEFFERSON PADILLA LOOR (Print Name of Person Resigning) | , hereby withdraw/resign as a |
| (Print Name of Person Resigning) | |
| MANAGER | |
| (Print Title) | 22 Eac |
| | the limited liability company has been notified of my |
| of this limited liability company and affirm resignation in writing | the limited liability company has been notified of mix |
| resignation in writing. | |
| | AH DO |
| XIIII | and the second s |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)