L18000279290

(Requestor's Name)				
(Address)				
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(in the state of				
(0)	· /Chaha /Zia /Dhana	<u> </u>		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(50	Siless Entity Nam	<i>c)</i>		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

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Division of Corporations		
GIANKASA'S MULTISERVICE SUBJECT:	ES LLC	
(Name of	Limited Liability	Company)
The enclosed member, resignation or diss	sociation and fe	ee(s) are submitted for filing.
Please return all correspondence concern	ing this matter	to:
KARLA PADILLA		
(Contact Person)		
GIANKASA'S MULTISERVICES LLC		
(Firm/Company)		
12701 S. JOHN YOUNG PKWY STE 218		
(Address)		
ORLANDO FL 32837		
(City/State and Zip Code)		
For further information concerning this n	natter, please ca	ill:
KARLA PADILLA	407 at (5309292
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payab		•
■ \$25 Filing Fee	□ \$55 Fil	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
ranana5500, r E 52514		Tallahassee, FL 32303

TO: Registration Section



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)

	e limited liability company as i	it appears on the records of the Florida Department
2. The Florida doc L18000279280	cument/registration number ass	signed to this limited liability company is:
GIANCARLOE	ROMERO	gned or will withdraw/resign is:
(Print)	Name of Person Resigning) (Print Title)	, hereby withdraw/resign as a
of this limited lia resignation in wr	bility company and affirm the	limited liability company has been notified of my
Signature of D	issociating Member or Resign	ing Manager
	\$25.00 (Required) \$30.00 (Optional)	