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(City) Cold Zight Tollo hy		
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## **COVER LETTER**

Division of Corporations	
GAC 2528 LLC SUBJECT:	on the state of t
	Limited Liability Company)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Rafael Fabian	
(Contact Person)	
(Firn/Company)	<del></del>
3860 SW 8 Street Suite 200	
(Address)	
Coral Gables FL 33134	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Rafael Fabian	305 \$56-6700 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab  S25 Filing Fee	ole to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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	limited liability company as it a	ppears on the records of the Florida Department
of State is:		
2. The Florida docs	ument/registration number assign	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is:
4. I. Gaudencia Gomez  (Print Name of Person Resigning)		
(Print N	Same of Person Resigning)	
Authorized Meml	ber and Manager	
<del></del>	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the lin	nited liability company has been notified of my
Signature of Di	issociating Member or Resigning	Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	