## LZ0000064558

(Reque	estor's Name)	
(1040)	,	
(Addre	ess)	
(Addre	ess)	
(City/S	itate/Zip/Phon	e #)
, ,	·	•
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nai	me)
(Docui	ment Number)	
Certified Copies	Certificate	e of Statue
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Special Instructions to Fili	na Officer	<u>·</u>
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Office Use Only



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S. YOUNG

020 OCT - 9 PM L: 3

## **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	
	Granite City LLC	
SUBJ	IECT:	
	(Name o	f Limited Liability Company)
The e	nclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please	e return all correspondence concern	ning this matter to:
Gabrie	ella Sajgo	
	(Contact Person)	
	(Firm/Company)	
3363 1	NE 163rd St suite 709	
<del>.</del>	(Address)	
N Mia	imi Beach, FL 33160	
	(City/State and Zip Code)	<del></del>
For fu	urther information concerning this	matter, please call:
Gabric	ella Sajgo	7862188404 at ( )
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made paya	ble to the Florida Department of State for:
<b>=</b> \$2	5 Filing Fee	□ \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	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)

	limited liability company as	s it appears on the records of the Florida	i Department
			·
2. The Florida doc 1.20000064558	ument/registration number as	ssigned to this limited liability company	v is:
		July 11	1,2020
3. The date this me Gabriella Sajgo	ember/manager withdrew/res	signed or will withdraw/resign is:	
		, hereby withdraw/resign as a	
Managing Memb	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has been no	otified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)	#: :=:	2020 OCT
Certified Copy:	\$30.00 (Optional)	<u></u>	i i