h20000362750

(Red	questor's Name)					
(Add	dress)					
(Address)						
(Cit)	//State/Zip/Phone	- #N				
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies Certificates of Status						
Special Instructions to F	iling Officer					
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Office Use Only



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COVER LETTER

TO:	~	stration Section sion of Corporations		v r
SUB.	JECT:	Givers Co., LLC		
		(Name of Lim	ited Liability Comp	pany)
The e	nclosed	d member, resignation or dissoc	iation and fee(s)	are submitted for filing.
Pleas	e return	all correspondence concerning	this matter to:	
Jaime	Garcia, l	Esquire		
		(Contact Person)		
Garcia	ı Law Gr	roup, P.A.		
		(Firm/Company)		
3105	West Aze	eele Street		
		(Address)		
Tamp	a, Florida	a 33609		
		(City/State and Zip Code)		
For fi	urther in	nformation concerning this matt	er, please call:	
Jaime	Garcia, I	Esquire	813 at (870-1222)
	(N	lame of Contact Person)	(Area Code &	& Daytime Telephone Number)
	osed ple 25 Filin	ease find a check made payable t g Fee		epartment of State for: 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)

	s Co., LLC	s it appears on the records of the	
2. The Florida doc L20000362750	ument/registration number a	ssigned to this limited liability c	ompany is:
Witladan Godan	-	signed or will withdraw/resign is, hereby withdraw/resign a	
MGR	lame of Person Resigning) (Print Title)		
	bility company and affirm tl	ne limited liability company has	been notified of my
Signature of D	ssociating Member or Resig	 gning Manager	TALEANAS
•	\$25.00 (Required) \$30.00 (Optional)		PH 2: 35