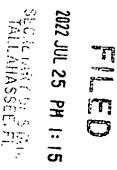
# 

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





(1.25/22 01323++013 **\*\***55.80



#### COVER LETTER

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	CG&G LLC		
		(Name of	Limited Liability Co	ompany)
The er	nclosed	d member, resignation or diss	sociation and fee(	s) are submitted for filing.
Please	returr	all correspondence concerni	ing this matter to:	:
Frank I	R. Gorgo	one Jr.		
		(Contact Person)	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
		(Firm/Company)		_
26 Pers	shing Dr	rive		
		(Address)		_
East Fa	almount	h, MA 02536		
		(City/State and Zip Code)		
For fu	irther ii	nformation concerning this n	natter, please call	:
Frank I	R. Gorg	one Jr.	503 at (	896-1309
	(N	lame of Contact Person)		e & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payab	le to the Florida	Department of State for:
□ \$2:	5 Filing	g Fee	■ \$55 Filin	g Fee & Certified Copy
		ng Address:		Street Address:
	_	stration Section		Registration Section
		sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	тана	hassee, FL 32314		Tallahassee, FL 32303

CR2E079 (2/14)



### PILED 2022 JUL 25 PH 1: 15 SEURE MRY UP STATE TALLAHASSEE, FL

#### 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)

	Elimited liability company as it appears on the records of the Florida Department GQM L.L.C.				
2. The Florida doc	The Florida document/registration number assigned to this limited liability company is:				
L22000027864					
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:				
Frank R. Gorgon	he hereby withdraw/resign as a same of Person Resigning)				
(Print l	dame of Person Resigning)				
Authorized Mem	ber				
	(Print Title)				
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.				
- Fee	R. Sign Jr.				
Signature of D	issociating Member or Resigning Manager				
Filing Fee:	\$25.00 (Required)				
	\$30.00 (Optional)				