122000311337

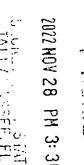
(Requestor's Name)		
(Ad	dress)	
(Δά	drecc)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
_	_	_
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
,22	emose emity man	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to Filing Officer:		

Office Use Only



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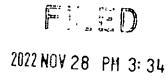


J 212112112

COVER LETTER

_	ration Section of Corporations		
DIVISIO	on or corporations		
SUBJECT:	G&S FAMILY SERVICES LLC		
	(Name of	Limited Liability Co	mpany)
The enclosed	member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return a	all correspondence concern	ing this matter to:	:
Giovanni Bejar			
	(Contact Person)	-	_
G&S FAMILY S	SERVICES LLC		
	(Firm/Company)		
11728 Gray Roc	k Trl		
	(Address)		_
Windermere, FL	. 34786		
•	(City/State and Zip Code)		_
For further inf	formation concerning this n	natter, please call	:
Giovanni Bejar		321 at (
(Nai	me of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed plea	se find a check made payab	ole to the Florida	Department of State for:
■ \$25 Filing			ng Fee & Certified Copy
Mailing	Address:		Street Address:
Regist	ration Section		Registration Section
	on of Corporations		Division of Corporations
	Sox 6327		The Centre of Tallahassee
Fallah	assee, FL 32314		2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

SLOR SLATE TALLAHASSEE, FL

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it a	ppears on the records of the Florida Department
of State is:	FAMILY SERVICES LLC	KROLOKA LLC
2. The Florida doc 1.22000311337	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. Giovanni Bejar	Name of Person Resigning)	_, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		nited liability company has been notified of my
Signature of D	issociating Member or Resigning	Manager
Filing Fce: Certified Copy:	\$25.00 (Required)	
Ceruneu Copy.	\$30.00 (Optional)	