

L22 000 389 663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

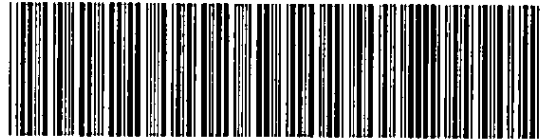
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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**2022 OCT -7 AM 8:20**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 712223GSP LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PARTH PATEL

(Contact Person)

712223GSP LLC

(Firm/Company)

4864 SUN CITY CENTER BLVD

(Address)

SUN CIY CENTER, FL 33573

(City/State and Zip Code)

For further information concerning this matter, please call:

Parth

at ( 813 ) 894-8410

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

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TALLAHASSEE, FL

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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 appears on the records of the Florida Department of State is: 712223GSP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000389663

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/27/11

4. I, Rolando Santiago, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
2022 OCT -7 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FL