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COVER LETTER . .

SUBJECT: IMPORTADORA GGL LLC (Name of Limited Liability Con	
(Name of Limited Liability Cor	
	s) are submitted for filing.
The enclosed member, resignation or dissociation and fee(s	
Please return all correspondence concerning this matter to:	
Carola Olses	
(Contact Person)	_
Cales W LLC	
(Firm/Company)	7023 SE
1025 E Hallandale Beach Bly Ste 15 # 921	2023 DEC 22 PH 7: 27 SECRETARY OF STATE TALL ARYSSEE. FIL
(Address)	- 22
Hallandale Beach Fl 33099	SOCIETY OF THE PH T
(City/State and Zip Code)	- 21 21 21 21 21 21 21 21 21 21 21 21 21
For further information concerning this matter, please call:	(4)
Carola Olses 786	5699706)
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I ■ \$25 Filing Fee □ \$55 Filing	Department of State for: g 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

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)

1. The name of the	imited liability company as it appears on the records of the Florida Departm	ent
of State is:	adora GGL LLC	
2. The Florida docu 1.23000074762	ment/registration number assigned to this limited liability company is C 22	
	nber/manager withdrew/resigned or will withdraw/resign is: March 03, 2023	
4. I, (Print N	, hereby withdraw/resign as a , hereby withdraw/resign as a , hereby withdraw/resign as a	
Member/Manager		
	Print Title)	
of this limited lial resignation in wr	ility company and affirm the limited liability company has been notified of a ling	my
Signature of Di	seciating Member or Resigning Manager	
_	\$25.00 (Required) \$30.00 (Optional)	