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COVER LETTER

Registration Section Division of Corporations GR DANCE ENT. LLC **SUBJECT:** (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: GISELA RIVERA (Contact Person) GR DANCE ENT. LLC (Firm/Company) 200 172ND STREET APT 517 (Address) SUNNY ISLES BEACH, FL 33160 (City/State and Zip Code) For further information concerning this matter, please call: **GISELA RIVERA** (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: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:



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 t	the Florida Department
of State is: GR D	ANCE ENT. LLC		
2. The Florida docu	ıment/registration number as	ssigned to this limited liability	y company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign	04/24/2024 n is:
4. I, CAROL PATINO (Print Name of Person Resigning)		, hereby withdraw/resig	n as a
(Print N MGR	ame of Person Resigning)		
	(Print Title)		2 024 SEC
of this limited lial resignation in wr	bility company and affirm thiting.	e limited liability company h	nas been notified of my
Caul Patinio			SSC PH III
Signature of Di	ssociating Member or Resig	ning Manager	PM 3: 12 OF STATE SEEL FL
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		