L240002255254

(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:

Office Use Only

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200437774552

dissociation or resignation

10/16/24--01012--010   **25.00

of mgr / member

2024 OCT 16 AM 11: 25

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

NOV 4 2024

COVER LETTER

TO: Registration Section
Division of Corporations

GINPRO 1 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:

RAMON GIRALDO
_____

(Contact Person)

GINPRO 1 LLC
_____

(Firm/Company)

12550 BISCAYNE BLVD STE 218
_____

(Address)

NORTH MIAMI, FL 33181
_____

(City/State and Zip Code)

For further information concerning this matter, please call:

Lina Escobar   551   751-0195
_____ at (_____) _____

(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 .

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 limited liability company as it appears on the records of the Florida Department of State is: GINPRO 1 LLC .

2. The Florida document/registration number assigned to this limited liability company is:
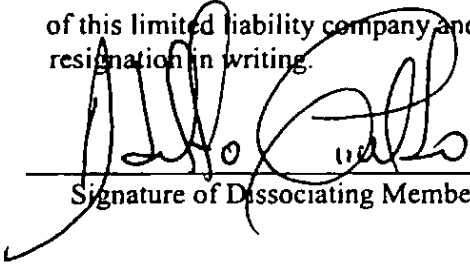
L24000225254 .

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/10/2024

4. I, Giraldo Holding Foundation , 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 of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)