M12000007224

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
t Office Use Only



500268120785

01/29/15--01002--013 **50.00

15 JAN 29 PH 1: 18
SECRETARY OF STATE

(RM 2-6-15

COVER LETTER

		COVER LETTER		
TO: Registration Sec Division of Corp			•	
SUBJECT:	Fes Enterpri	ited Liability Company		
				TAS TA
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		E TO
Please return all correspon	ndence concerning this matter	to the following:		15 JAN 29 SELVAN XSS
	Greg Car	N		PH 1: 18
	0	Name of Person	**************************************	RIDE
	Gates Ento	prise LLC	,	,
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	447 Tierra	2 Yerde har	لك الم	_
	Winter Gr	Address	34787	_
	,	City/State and Zip Code		
	Grand address: (1	to be used for future annual report n		
For further information co	oncerning this matter, please ca	all:		
Cies Car Name of	Person	at (457 732) Area Code Days	: 1500 ime Telephone Numbe	er
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



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	ıt
of State is: Gates Enterorise LC	
of State is: Galls Crtinguse LC	
2. The Florida document/registration number assigned to this limited liability company is:	
M 12000007224	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	15
4. I, Mark hereby withdraw/resign as a	
(Print Name of Person Resigning)	
NOO 1000 - 2000 - CO.	
municia intensi	
(Prigi Title)	
of this limited liability company and affirm the limited liability company has been notified of my	v
resignation in writing.	,
0×4	
- Musika & Natin	
Signature of Dissociating Member or Resigning Manager	
-,	
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	