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COVER LETTER

TO: Regi Divi	istration Section sion of Corporations				
SUBJECT:	GG III SAL, LLC				
	(Name	of Limited Liability	Сотрапу)		
The enclosed	d member, resignation or d	lissociation and fe	e(s) are submitted fo	or filing.	
Please return	n all correspondence conce	rning this matter t	o:		
Frank C. Mirai	nda, Esquire				
	(Contact Person)				
Frank Charles	Miranda, P.A.				
	(Firm/Company)				
3226 W. Cypre	ess St.				
	(Address)			L	
Tampa, FL 336	07			TALLAMAS	
	(City/State and Zip Code)	-			
For further in	formation concerning this	matter, please cal	1:	(n)	
Frank C. Mirane	da, Esquire	813	254-2637	. 14 m. 1 111 m.	
(Na	ime of Contact Person)	at ((Area Cod) le & Daytime Telepho	ne Number)	
Enclosed plea	ise find a check made paya				
■ \$25 Filing	Fee	□ \$55 Filir	Department of State ng Fee & Certified C	tor: opy	
8.1 (1)					
	Address:		Street Address:		
			Registration Section		
D () () () ()			Division of Corporations		
	assee, FL 32314		The Centre of Tall		
	-~~++1 1 42 2 = 2 7		- 2415 N. Monroe S	treet Suita 210	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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)

		as it appears on the records of the Flor	rida Department
2. The Florida docu M20000011905	ment/registration number a	assigned to this limited liability comp	any is:
IOSHITA AL PIK	me of Person Resigning)	esigned or will withdraw/resign is: 3/2, hereby withdraw/resign as a	
	Print Title)	Na Einde at Carre	2021 MA / , 30
Signature of Dis	sociating Viember or Resig	he limited liability company has been	notified of my 9: 22
Filing Fee:	\$25.00 (Required)		

\$25.00 (Required)

\$30.00 (Optional)

Certified Copy: