## 10800006578

, (Re	equestor's Name)	<del>.</del>		
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SEÖRETARY OF STATE TALLAHASSEE, FLORID

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GREGORY B. DE LA RUE, LLC				
(Name of Limited Liability Co	ompany)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to	:			
GREGORY B. DE LA RUE				
(Contact Person)	_			
GREGORY B. DE LA RUE, LLC				
(Firm/Company)	_			
PO BOX 736				
(Address)				
SAN ANTONIO, FLORIDA 33576				
(City/State and Zip Code)	_			
For further information concerning this matter, please call:				
GREGORY B DE LA RUE 813	312-3063			
(Name of Contact Person) (Area Coc	le & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida  ■ \$25 Filing Fee  ■ \$55 Filing	Department of State for:  ng Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L0800000657	C	ssigned to this limited liability company is:
4. I, ELIZABETH (Print N MGRM  of this limited lia resignation in wr	A. BIRD-DE LA RUE  lame of Person Resigning)  (Print Title)  bility company and affirm the	igned or will withdraw/resign is:
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)	