LD3000037636

(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:				





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COVER LETTER

TO:	_	stration Section sion of Corporations				
SUBJ	JECT:	GRUNT EQUITY LLC				
1717251	,201,	(Name of	Limited Liability Co	mpany)	11.00	
The e	nclosed	d member, resignation or diss	sociation and fee(s) are submitted for	or filing.	
Please	e returi	all correspondence concerni	ing this matter to:			
JOE	SCHV	VARTZ				
		(Contact Person)		_		
GRU	INT EC	QUITY LLC				
		(Firm/Company)		_	*•	
3301	BAYS	SHORE BLVD UNIT 2010				j.
		(Address)		_	٠.	
TAM	PA FL	33629				7 53
		(City/State and Zip Code)				7
For fu	urther i	nformation concerning this m	natter, please call:		-	
JOE	SCHV	VARTZ	813	7655368		
	(N	lame of Contact Person)		e & Daytime Telep	hone Numb	er)
	sed ple 5 Filing	ease find a check made payab g Fee		Department of Sta g Fee & Certified		
Regis Divisi Clifto 2661	tration ion of (on Build Execut	OURIER ADDRESS: Section Corporations ding ive Center Circle Florida 32301		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flo	ction porations	1

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 Flor	rida De	epartment
2. The Florida doc	ument/registration number as	signed to this limited liability.comp	any is:	, ,
L0300003763			30 U	· · · · · · · · · · · · · · · · · · ·
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is: 8/	1/ <u>2</u> 018	3 :
THEODORE W BUCKLEY 4. I, hereby withdra		bombo with down for since we	J	
	iame of Person Resigning)	, hereby withdraw/resign as a	D: 2	•••
MGR		*	_ñ	
<u> </u>	(Print Title)			
resignation in wr	· ·	e limited liability company has beer	ı notili	ed of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			