L03000043883

(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;

Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations

TO:

	7/10 30 11/10					
SUBJECT: GULF COAST REAL (Name of Limited Liability Co	TY SEMINOLE, LL					
(Name of Limited Liability Company)						
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for					
Please return all correspondence concerning this matter to:	:					
ANN S. ROGERS (Contact Person)						
,	_					
GULF COAST REALTY SEI	MINOLE, LLC					
13800 PARK BLVD.	_					
SEMINOLE, FL 33776 (City/State and Zip Code)	_					
For further information concerning this matter, please call:						
ANN S. ROBERS at (727 (Name of Contact Person) (Area Cod	e & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for:						
	\$55 Filing Fee &					
-	Certified Copy					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					



FILED 2013 SEP 20 PM 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability company as i	t appears	on the records of the	ne Florida Department
of State is: <u>GL</u>	ILF COAST REA	LTY	SEMINOLE	LLC.
2. This limited liabi	lity company was organized	under the	laws of:	
FLOR	IDA	 -		
3. The Florida docu	ment/registration number of	this limite	ed liability compan	y is:
	00043883	·		
	- 11 DC			
4. I, ANN S. R	OGERS	, here	by resign as a	MER
(Print No	ame of Person Resigning)			(Print Tule)
	oility company and affirm the	limited li	ability company h	as been notified of my
resignation in wri	ting.			
1 -	0			
	face			
Simple	/ OV	1		
Signature of Resi	gning Member, Managing Me	ember or	vianager	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			