

L0400000074/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY -2 AM 9:35

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCC, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ELLIOTT HARRIS, ESQ.

(Contact Person)

ELLIOTT HARRIS, P.A.

(Firm/Company)

111 SW 3 Street
Sixth Floor

(Address)

Miami, Florida 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Elliott Harris

(Name of Contact Person)

at (305) 358-0146

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing 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

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2011 MAY -2 AM 9:35
CLERK 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 it appears on the records of the Florida Department
of State is: GCC, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L04000007413

4. I, MRC/ASIA, LLC, hereby resign as a Member & Member-Manager
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

MRC/ASIA, LLC, BY:

RAIMUNDO CASTELLANOS
Signature of Resigning Member, Managing Member or Manager
RAIMUNDO CASTELLANOS, Member Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2011 MAY -2 AM 9:35
DEPT OF STATE
TALLAHASSEE, FLORIDA

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