

LO 4000064917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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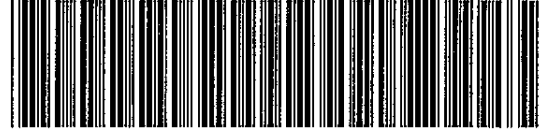
(Business Entity Name)

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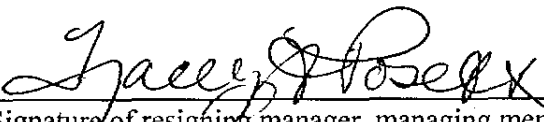
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Tracey A. Possess, hereby resign as Managing Member
(Title)

of Gardens Referral Network, LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

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


(Signature of resigning manager, managing member or member)

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FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
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