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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GAC/Multicon, L.L.C. (Name of Limite	ed Liability Co	mpany)		
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing N	Member or M	Manager and fee(s) are submitted	ed for filin	ıg.
Please return all correspondence concerning this m	natter to the	following:		
Jacalyn N. Kolk, Esq.				
(Name of Person)				
Jacalyn N. Kolk, P.A.			SEOS	05 DE(
(Firm/Company)			PS S	\sim
P.O. Box 59462		_	SECRETARY OF STATE TALLAHASSEE, FLORIDA	4
(Address)				-
Panama City, FL 32412			>	N
(City/State and Zip Code)				
For further information concerning this matter, ple	ase call:			
Jacalyn N. Kolk, Esq.	at (850	785-0535		
(Name of Person)		le & Daytime Telephone Num	ber)	
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		
Tallahassee, Florida 32301			·	
Enclosed is a check for the following amount:				
\$25 Filing Fee		\$55 Filing Fee &		
THUE I'VE		Certified Copy		

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, GAC Contractors, Inc.	_, hereby resign as Managing Member	_
	(Title)	_
of GAC/Multicon, L.L.C.		_,
(Limited Liabili	ty Company)	
a limited liability company organized under the law	vs of the State of Florida	_,
and affirm that the limited liability company has be	een notified in writing of the resignation	OS DEC
		21 AM
(Signature of resigning manager,	managing member or member)	=

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314