105000112210

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·
		·

Office Use Only



900243885649

01/29/13--01001--017 **55.00

2019 JAN 28 PH 4: 2: FO ALCHORLEGGE SUFFICIENCY OF FILMS

2018 JAN 28 AH II:

UAN 2 9 2012 D. BRUCE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

G & B Investments,	LLC		
		-	-
· · · · · · · · · · · · · · · · · · ·			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. Fife
			RA Resignation
			Dissolution / Withdrawal S
			Annual Report / Reinstatement
			Cert. Copy SSE
) Photo Copy co -
			Certificate of Good Standing
			Certificate of Status C
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETh	01/28/13		UCC 1 or 3 File
Name	Date	Time	UCC 11 SearchUCC 11 Retrieval
Walk-In	Will Pick U	Jp	Courier





COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: G & B Investments, 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:

i azara	Gonza	67
Lazara	CULLA	

(Contact Person)

G & B Investments, LLC.

(Firm/Company)

13611 South Dixie Hingway, #109

(Address)

Miami, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

Lazara Gonzalez

_{*/}305 \ 305-804-8228

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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

\$\sum_{\text{S25}}\$ \text{Filing Fee} \text{\text{\text{\$\text{\$\text{S55}}}} \text{Filing Fee} \text{\text{\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\exi\\$\$}\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{

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

CR2E079 (5/06)

email to; idelsy evora @ bellsouth, net







FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it ap B Investments, LLC.	pears on the records of the Flo	rida Departm	ent —
2. This limited liabi State of Flor	lity company was organized und do	er the laws of:	SECHETA T'ELANAS	2013 JAN 28
3. The Florida docu L050001122	ment/registration number of this	limited liability company is:	RY OF SIT	28 AM 11: 3
4. I, Orlando Bot	10N ime of Person Resigning)	, hereby resign as a Managle	ng Membei	1.0
•	ility company and affirm the lim	ited liability company has bee	n notified of t	my
Signature of Resi	gning Member Managing Momb	oer or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			