

LO6000005767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

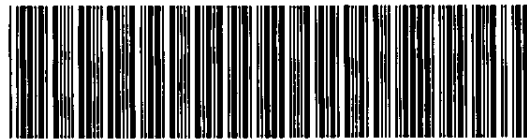
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/31/13--01025--007 **25.00

14 JAN -2 AM 11:25
TALLAHASSEE, FLORIDA
SECURITY STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GSS TITLE LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

THOMAS HEIMANN

(Contact Person)

(Firm/Company)

4806 50th AVE W

(Address)

BRADENTON, FL 34210

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS HEIMANN

(Name of Contact Person)

at **(941) 312-1290**

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

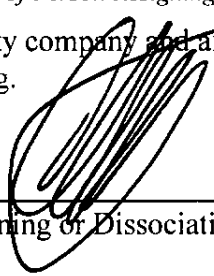
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GSS TITLE LLC

2. The Florida document/registration number of this limited liability company is:
L06000005767

3. The date this member withdrew or will withdraw is: 12/31/2013

4. I, THOMAS HEIMANN, hereby resign as a 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.



Signature of Resigning or Dissociating Manager, Member

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

16 JAN -2 AM 1:25
STATE
TALLAHASSEE FLORIDA