L060000025050

(Re	equestor's Name)	
(Ad	ldress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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CR2E079 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: Gen Pean + 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:
Lawrence Smith (Contact Person)
Mikel Spraker, P.A.
532 Colorado Aup (Address)
(Address)
Strart, FC 34994 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (S1) 345-0863 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\frac{1}{2}\$ \$\f
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

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the li	imited liability company as it appears on the records of the Florida Department	
of State is:	ENPEANUT, L.L.C.	
2. The Florida docum	ment/registration number assigned to this limited liability company is:	
L060	000 25 050	
3. The date this mem	nber/manager withdrew/resigned or will withdraw/resign is: 1/5/2017	
4.1, Genev	ne of Person Resigning), hereby withdraw/resign as a	
MGRA	Print Title)	
of this limited liabi	ility company and affirm the limited liability company has been notified of my ing.	П
Qui		_ n
Signature of Diss	sociating Member or Resigning Manager	
	= 5 5 1	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	