## L06000103943

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
Ų ···		
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Design		;
	Office Use Onl	v



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DIVISION OF COMPANY

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Gulf Coast Retail Concepts, LLC (Name of Limited Liability Co.)	mpany)
The enclosed member, managing member or manager resig	•
filing.	5
Please return all correspondence concerning this matter to:	
Michael D. Tidwell, Esquire	_
(Contact Person)	
Michael D. Tidwell, P.A.	<del></del>
(Firm/Company)	
811 North Spring Street	<u>-</u>
(Address)	
Pensacola, Florida 32501	_
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael D. Tidwell, Esquire at ( 850	434-3223
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, rionaa sesia

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR 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 Dep	partme	ent
of State is: Gulf Coast Retail Concepts, LLC		_·
2. This limited liability company was organized under the laws of:  State of Florida		
3. The Florida document/registration number of this limited liability company is:  L06000103943		
4. I, Jeff Plachte , 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 resignation in writing.	dofn	ny
lest well	07	SI/AIQ 35
Signature of Resigning Member, Managing Member or Manager	SEP 19	SION OF
Filing Fee: \$25.00 (Required)		
Certified Copy: \$30.00 (Optional)	PH :	- 12 - <del>4</del> (-
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