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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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Special Instructions to F	iling Officer:				
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Office Use Only

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: GTFM LLC (Name of Limited Liability)	ity Company)
The enclosed member, managing member or manager filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	er to:
Gree Wythe (Contact Person)	· · · · · ·
GTFM LLC (Firm/Company)	
330 E-L1203874 5T (Address)	
KEY WEST, FL 33040 (City/State and Zip Code)	
For further information concerning this matter, please	e call:
Name of Contact Person) at (3)	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as i	it appears on the reco	ords of the Florida I	Department
	lity company was organized		100 - 10 -	۔ ، مست
	ment/registration number of		company is:	
(1 00	A. WyThe and of Person Resigning)			7
resignation in wri			ipany nas occir nou	nica of my
Signature of Resi	gning Member, Managing M	ember or Manager		SECA DIVISION OF AU
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	V		FILED MARY OF S 16 PM