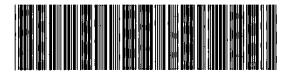
## Q6000121440

(Red	questor's Name	) .
(Address)		
(Add	dress)	
(City	//State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
· (Bu:	siness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

M. THOMAS
OCT 27 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GCCF LLC (Name of Limited Liability Con	mnanu)
(Name of Entitled Elability Col	mpany)
The enclosed member, managing member or manager resigniling.	7
Please return all correspondence concerning this matter to:	73
GARY A CUCCHI	THE SECTION TO
(Contact Person)	-
GCCF LLC	TALLAHASSEE. FLORIDA
(Firm/Company)	FLOTE
27729 KIRKWOOD CIRCLE	RIDA
(Address)	
WESLEY CHAPEL	
(City/State and Zip Code)	<del>-</del>
For further information concerning this matter, please call:	
GARY A CUCCHI at ( 813	, 220-0350
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I  \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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 app of State is: GCCF LLC	ears on the records of the Florida Department
2. This limited liability company was organized unde FLORIDA	r the laws of:
3. The Florida document/registration number of this l L06000121440	imited liability company is:
4. I, CHRIS FONTANA (Print Name of Person Resigning)	hereby resign as a MGRM (Print Title)
of this limited liability company and affirm the limi resignation in writing.  Signature of Resigning Member, Managing Member	ted liability company has been notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	