

L07000091871

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name) :

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

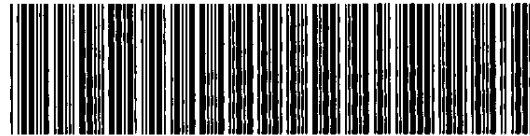
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Office Use Only

G. MCLEOD

OCT - 7 2010

EXAMINER



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10/06/10--01015--008 \*\*50.00

FILED  
10 OCT - 6 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gulfwind Capital LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Sherman  
Name of Person  
Gulfwind Capital LLC  
Firm/Company  
100 4th Ave NW  
Address  
Lutz FL 33548  
City/State and Zip Code  
deborah.sherman29@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Sherman at (813) 478-2002  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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 Department of State is: Gulfwind Capital LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
LO7000091871

4. I, Kevin M. Thompson, 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.

Kevin M. Thompson  
Signature of Resigning Member, Managing Member or Manager

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

FILED  
10 OCT - 6 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA