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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| (Daguera Niverbay) | | | | | |
| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
| Special instructions to Filing Officer. | | | | | |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| | stration Section sion of Corporations | | | |
|--|--|---|--|--|
| SUBJECT: | C&G DIVERSIFIED MARKETING SERVICES, (Name of Limited Liability Company) | | | |
| The enclosed filing. | d member, managing member or | manager resignation and fee(s) are submitted for | | |
| Please return | all correspondence concerning | this matter to: | | |
| Gayla W | all | | | |
| | (Contact Person) | | | |
| C&G DIV | ERSIFIED MARKETING (Firm/Company) | G SERVICES | | |
| 5785 Wir | e Rd. | | | |
| ************************************** | (Address) | | | |
| Tennyso | | | | |
| • | (City/State and Zip Code) | | | |
| For further i | nformation concerning this matt | er, please call: | | |
| Gayla Wa | all | at (812) 567-4351 | | |
| (1) | ame of Contact Person) | (Area Code & Daytime Telephone Number) | | |
| Enclosed ple | ease find a check made payable to \$25 Filing Fee | o the Florida Department of State for: \$55 Filing Fee & Certified Copy | | |
| | OURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration | | Registration Section | | |
| | Corporations | Division of Corporations | | |
| Clifton Build | | P.O. Box 6327 Tallahassee, Florida 32314 | | |
| | ive Center Circle Florida 32301 | rananassee, Florida 32314 | | |
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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 of State is: <u>C8</u> | limited liability company as G DIVERSIFIED MA | it appears on the record RKETING SERVI | s of the Florida Department CES, LLC. |
| | | | |
| 2. This limited liab | ility company was organized | l under the laws of: | |
| | | • . | |
| 3. The Florida docu L0800000 | ument/registration number of 3173 | f this limited liability co | mpany is: |
| _{4. I,} Gayla Wall | | , hereby resign as a | Manager |
| (Print Name of Person Resigning) | | , nereby resign as t | (Print Title) |
| of this limited lial resignation in wr | bility company and affirm th | e limited liability compa | any has been notified of my |
| La | latrale | ı | |
| Signature of Resi | ning Member, Managing N | Member or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | • | |
| | | e t | , |