

LD9 000054441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500184962525

09/07/10--01022--020 **25.00

T. CLINE

SEP - 8 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP - 7 PM 2:39

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF TRUST LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Edward J. O'Brien

(Contact Person)

GULF TRUST LLC

(Firm/Company)

11724 Nicklaus Cir.

(Address)

Tampa, Fl. 33624

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward OBrien

(Name of Contact Person)

at (813) 992-5870

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2010 SEP -7 PM 2:39
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

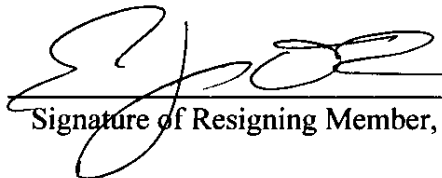
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GULF TRUST 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:
L09000054441

4. I, Hunter R. O'Brien, hereby resign as a MGRM
(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.



Signature of Resigning Member, Managing Member or Manager

FILED
2010 SEP -7 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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