# L09000058800

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
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OCT 2 5 2012

T. HAMPTON

#### **COVER LETTER**

Division of Corporations	
SUBJECT: GREGORY MARTIN NE	LSON LLC
SCECT:	Liability Company)
The enclosed member, managing member or matiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Gregory M Nelson	
(Contact Person)	
Gregory Martin Nelson LLC	
(Firm/Company)	
12769 Forest Hill BIVD # 1A	
(Address)	
Wellington Florida 33414	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Gregory M Nelsona	248-8685
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
\$25 Filing Fee	<b>√</b> \$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)

TO:

Registration Section



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 OCT 24 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 10, 2012

GREGORY M NELSON 12769 FOREST HILL BLVD # 1A WELLINGTON, FL 33414

SUBJECT: GREGORY MARTIN NELSON LLC

Ref. Number: L09000058800

We have received your document for GREGORY MARTIN NELSON LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00025090



### 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 of State is: GREGORY MARTIN NEL	appears on the records of the Florida Department
2. This limited liability company was organized u FLORIDA	under the laws of:
3. The Florida document/registration number of the L9000058800	his limited liability company is:
4. I, Susan E. Guinan (Print Name of Person Resigning)	, hereby resign as a MGR (Print Title)
•	limited liability company has been notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	\$60KE 12 0CT