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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: G & M Management Solutions, LL (Name of Limited Liability Con	
(Number Eliability Con	irpairy)
The enclosed member, managing member or manager resigning.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Kelly Gontarski	
(Contact Person)	-
G & M Management Solutions, LLC	_
(Firm/Company)	gg <b>4 r∞</b> a
25 E. Wright Street, Ste 2503	Property of the control of the contr
(Address)	
Pensacola, FL 32501	2
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kelly Gontarski at ( 850	, 384-6094
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$\sum_{\text{\$\subset}}\$	Department of State for: 655 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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it ap M Management Solutio	-	of the Florid	la Department
2. This limited liabilit	y company was organized und	er the laws of:		
3. The Florida docum	ent/registration number of this 86	limited liability com	ipany is:	298 NOV 12
4. I, Anne McCor (Print Nam	mick e of Person Resigning)	, hereby resign as a	Managing (Print	g Member
of this limited liabilities resignation in writing	ity company and affirm the lim	ited liability compar	ıy has been r	notified of my
Signature of Resign	McCount ing Member, Managing Memb	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			