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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE
ALLASSEE FLORIDA

K SALY DEC 27 2017

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: General Mow, LLC		
(Name of Limited Liability Company)		
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:	
Oscar A. Garcia		
(Contact Person)		_
Preferred Busniess Holdings, LLC		
(Firm/Company)		
6100 Blue Lagoon Dr., Suite 430		
(Address)		_
Miami, FL 33126		
(City/State and Zip Code)		_
For further information concerning this ma	tter, please call:	
Oscar A. Garcia	305 at (665-1250
(Name of Contact Person)	(Area Code	2 & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: g 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





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited of State is:	liability company as it appears on the records of the Florida Department bw, LLC
2. The Florida document/re	egistration number assigned to this limited liability company is:
3. The date this member/m	anager withdrew/resigned or will withdraw/resign is: 12-22-17
4. I. Preferred Business	Holdings, LLC , hereby withdraw/resign as a
(Print Name of P	crson Resigning)
Member,Manager,M	anaging Member
(Print Tit	le)
of this limited liability corresignation in writing.	ompany and affirm the limited liability company has been notified of my
Signature of Dissociati	ng Member or Resigning Manager
Filing Fee: \$25.	00-(Required) 00 (Optional)