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(Req	uestor's Name)			
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COVER LETTER

TO: Registration Section Division of Corporations		
GLJ Dove Trial LLC SUBJECT:		
	.iability Company)	
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for	or filing.
Please return all correspondence concerning this	matter to:	
Gary Gassel		
(Contact Person)		
(Firm/Company)		1. 2
2191 Ringling Blvd		2018 NOV 26 AM 9: 28 SECRETARY OF STATE TALL ANALYSET FLOAID
(Address)		126 147
Sarasota, Florida 34237		19 3
(City/State and Zip Code)		STA STA
For further information concerning this matter, p	lease call:	5 Fig. 8
Gary Gassel	941 952-9322	
	Area Code & Daytime Telepl	none Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	e Florida Department of Sta \$55 Filing Fee & Certified	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flo	tion porations
Tallahassee Florida 32301	randidasee, pio	rida Jasi 14

CR2E079 (2/14)



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 liability company a	as it appears on the records of the	e Florida	Depar	tment
of State is:	Dove Trial LLC				·
2. The Florida doc-	_	assigned to this limited liability	company	is:	
3. The date this me	mber/manager withdrew/rc	esigned or will withdraw/resign i	s: <u>09/01</u>	/2018	<u> </u>
(Print N	ame of Person Resigning)	, hereby withdraw/resign		<u>=</u>	
Member and Manager			AR 32	2918 NOV 26	77
	(Print Title)		755		
of this limited lia resignation in wr	bility company and affirm titing.	the limited liability company has	GF.00 GF.00	And o	((1)
Signature of Di	ssociating Member or Resi	gning Manager			
Filing Fee:	\$25.00 (Required)				
	\$30.00 (Optional)				