

L10000025124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

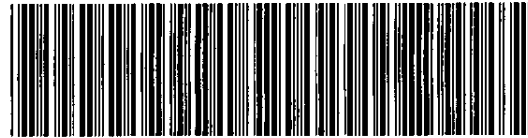
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

AUG - 5 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLOBE & CASTLE, 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:

HUNTER S. GAYLOR  
(Contact Person)

BILL & SHEILA GAYLOR INSURANCE PROF  
(Firm/Company)

477 N HARBOR CITY BLVD  
(Address)

MELBOURNE, FL 32935  
(City/State and Zip Code)

For further information concerning this matter, please call:

HUNTER S. GAYLOR at ( 321 ) 25-5813  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

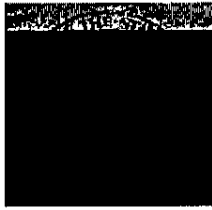
☒ \$25 Filing Fee

☐ \$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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

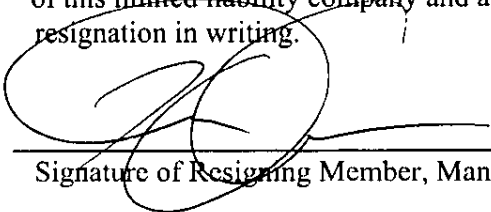
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GLOBE & CASTLE, LLC

2. This limited liability company was organized under the laws of:  
THE STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L10000025124

4. I, HUNTER S GAYLOR, hereby resign as a MGR  
*(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

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

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TALLAHASSEE, FLORIDA