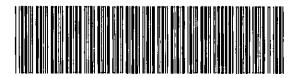
## L10000028176

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

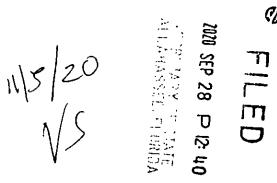
Office Use Only



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09/29/20--01014--022 \*\*55.00

RECEIVED SEP 2 8 2020



## COVER LETTER . .

TO:	Registration Section						
	Divis	sion of Corporations					
SHRJ	ECT:	THE JP GIBSON GROUP, LLC					
5020	mpany)						
The e	nclosed	d member, resignation or diss	ociatio	on and fee(	s) are submitted for filing.		
Please	ereturn	all correspondence concerni	ng this	s matter to			
JOHN	E. GIBS	SON, JR.					
		(Contact Person)			_		
THEJ	P GIBS	ON GROUP, LLC					
		(Firm/Company)			<del>-</del>		
2470 F	HCKEY	CREEK ROAD					
	<del></del>	(Address)			_		
ALVA	., FL 339	920					
		(City/State and Zip Code)			_		
For fu	irther is	nformation concerning this m	atter.	please call:	:		
JOHN	E. GIBS	SON, JR	at	239	349-0797		
	(N	ame of Contact Person)		<u> </u>	e & Daytime Telephone Number)		
Enclo	sed ple	ase find a check made payab	le to th	ne Florida I	Department of State for:		
	5 Filing				g Fee & Certified Copy		
	Maili	ng Address:			Street Address:		
		stration Section			Registration Section		
	_	sion of Corporations			Division of Corporations		
		Box 6327			The Centre of Tallahassee		
	Talla	hassee, FL 32314			2415 N. Monroe Street, Suite 810		
					Tallahassee, FL 32303		

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)

co . TH	E JP GIBSON GROUP, LL	C				
of State is:	DV. GIBGOT GROOT, ELE			<u>·</u>		
2. The Florida docu L10000028176	iment/registration number a	ssigned to this limited lia	ability company is:			
3. The date this me	mber/manager withdrew/res	signed or will withdraw/r	resign is: <u>09/18/20</u> 2	20		
4. I, PAMELA M	PAMELA M. GIBSON (Print Name of Person Resigning)		, hereby withdraw/resign as a			
(Print N	ame of Person Resigning)	•	J			
MGRM						
	(Print Title)					
resignation in wri	oility company and affirm the ting.  ssociating Member or Resignation		any has been notified	of my		
~	\$25.00 (Required) \$30.00 (Optional)		MM SEP 28 P 12:	FILED		

CR2E079 (2/14)