

L10000035661 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

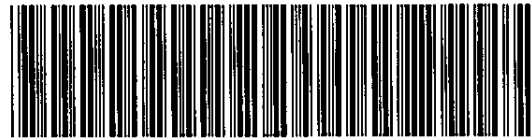
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32309

B. BOSTICK
JAN 10 2014
EXAMINER

DENISE V. POWERS, P.A.
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January 2, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

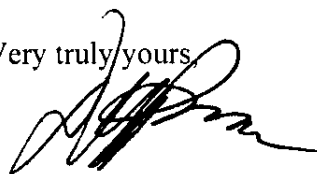
**Re: GCB Enterprises, LLC
Surgical Consultants of Southwest Florida, LLC**

Dear Sir or Madam:

Enclosed please find the resignation of Managing member, **Brett Cohen**, from both GCB Enterprises, LLC and Surgical Consultants of Southwest Florida, LLC. Also included is a check for \$50.00 (\$25.00 each) for these filings. I am enclosing a stamped envelope for the return of any correspondence.

Thank you for your attention to this matter.

Very truly yours,



DENISE V. POWERS

enc.

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TALLAHASSEE, FLORIDA



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: GCB Enterprises, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L10000035661

4. I, Brett Cohen, hereby resign as a Managing Member
(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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