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SECRETARY OF STATE

D. SCOTT SEP 2 9 2016

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section		
Division of Corporations		
SUBJECT: Global Provision Group,LLC		
(Name of Limited Liability	Company)	
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to:	
Robert Gosselin		
(Contact Person)		
(Firm/Company)		
124 Bedstone Dr.		
(Address)	TALS	•
St Johns, FL 32259	CALLY SEE	; -
(City/State and Zip Code)	— SSEI	ין י
For further information concerning this matter, please ca	all:	
Robert Gosselin 904	923 7028) 9
(Name of Contact Person) (Area Co	Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florid	da Department of State for:	
<u> </u>	ling Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
2001 Executive Center Chele	1 ananassee, 1 10110a 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)

	limited liability company as al Provision Group, LLC	s it appears on the records of the	Florida De	eparti	ment
2. The Florida docu	_	ssigned to this limited liability co	ompany is:	:	
	,	signed or will withdraw/resign is:	. <u>8/22/20</u>	16	
4. I, Robert J Gosselin (Print Name of Person Resigning)		, hereby withdraw/resign as	, hereby withdraw/resign as a		
Manager	(Print Title)	,			
Signature of Dis	ssociating Member or Resignment (Section 1988) \$25.00 (Required) \$30.00 (Optional)	ne limited liability company has be limited liability liability.	SECRETARY OF STAT	ed 16 SEP 27 Pli 4:	f my