

L10000124264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

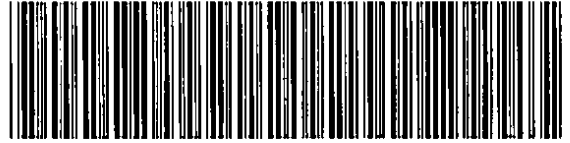
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

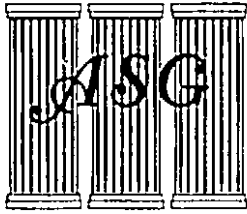
Office Use Only



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AUG 28 2018  
S. YOUNG

FILED  
18 AUG 22 AM 8:36  
TALLAHASSEE, FLORIDA



# ANCHORS ♦ SMITH ♦ GRIMSLEY

A PROFESSIONAL LIMITED COMPANY

ATTORNEYS AND COUNSELORS AT LAW

909 MAR WALT DRIVE, SUITE 1014

FORT WALTON BEACH, FL 32547-6711

(850) 863-4064 (850) 862-1138 Fax (850) 664-5728 Fax

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C. LEDON ANCHORS

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STEVEN B. BAUMAN

C. JEFFREY MCINNIS

RICHARD P. PETERMANN\*\*

TIMOTHY W. SHAW

SHIRAZ A. HOSEIN

JEFFREY L. BURNS\*

N. GRESHAM FOSTER, LL.M.

KYLE S. BAUMAN

MATTHEW J. AUSLEY

JAY PATEL

\* ALSO ADMITTED IN ALABAMA

\* ALSO ADMITTED IN WYOMING

August 21, 2018

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company / Gulfview Office Complex, LLC**

Enclosed please find the above form for filing with your office. Also enclosed is a check in the amount of \$25.00 to cover filing fees.

If you have any questions, please do not hesitate to contact our office.

Very Truly Yours,

Sharon Sculley  
Real Estate Closing Assistant

Encl.

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gulfview Office Complex, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Scott McCormick

(Contact Person)

Beach Community Bank

(Firm/Company)

17 SE Eglin Parkway

(Address)

Fort Walton Beach, Florida 32548

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott McCormick

(Name of Contact Person)

850

at ( )

244-9900 x 250

(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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TALLAHASSEE, FLORIDA



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 as it appears on the records of the Florida Department of State is: Gulfview Office Complex, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L10000124264
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_
4. I, Scott McCormick, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

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18 AUG 22 AM 8:36  
TALLAHASSEE, FLORIDA