## L11000022190

(Re	equestor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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C. LEWIS

MAY SE 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
2. Vision of Corporations	
SUBJECT: TEAM GORILLAZ, LLC	
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
ELLIOT K GENTRY	
(Contact Person)	
(Firm/Company)	
149 SCOTTSDALE DR	
(Address)	
MARY ESTHELFL 32569	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
JANET GENTRY	at ( 850 ) 863-0000
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	- manufacture of a solition of a s

CR2E079 (5/06)



20H MAY 26 PM M: IJ SEPARIARY OF STATE TALLAHASSEE FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as AM GORILLAZ, LLC	it appears on the records of the Florid	la Department
2. This limited liab	pility company was organized	under the laws of:	
3. The Florida doc <u>L1100002</u>		f this limited liability company is:	
4. I, ELLIOT K	. GENTRY	, hereby resign as a MGRM	
(Print 1	lame of Person Resigning)	(Print	Title)
of this limited lia resignation in wi		e limited liability company has been n	notified of my
Signature of Res	igning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		