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(Requ	uestor's Name)	
(Addr	ess)	
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TALLAHASSES PLONIES

APPRO YOU



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GreyJackson, LLC		
(Name of Lim	nited Liability Co	mpany)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Stephen Barrett		
(Contact Person)		_
GreyJackson, LLC		
(Firm/Company)	<u> </u>	_
7460 International Drive		_
(Address)		-
Orlando, FL 32819		
(City/State and Zip Code)	· -	_
For further information concerning this matter	er, please call:	
Stephen Barrett	407	466-8165
(Name of Contact Person)	(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 Tallabassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





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SECRETARY OF STATE
TALL AHASSET, 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:	yJackson, LLC
2. The Florida docu L1200002232	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: May 13, 2014
4. I,	
Member	
	(Print Title)
resignation in wri	
Signature of Di	spociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)