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(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:) mm / Oukes 1/2 / (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:
George Davis (Contact Person)
Geoge Pavis LLC (Firm/Company)
SGOU Galvez Rd
Parsacola FL 32507 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 698-26 79 (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
Mailing Address: Street Address:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

(Pursuant to 605.0216, Florida Statutes)

DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, 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 Departn of State is:	ent
2. The Florida document/registration number assigned to this limited liability company is: \[\begin{align*} \lambda \to \text{\text{\$\sigma}} \\ \lambda \\ \lambda \text{\text{\$\sigma}} \\ \lambda	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $1-29-30$	<u> </u>
4. 1. (Print Name of Person Resigning). hereby withdraw/resign as a	
MCRM (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.	my
Juze On	
Signature of Dissociating Member or Resigning Manager	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: