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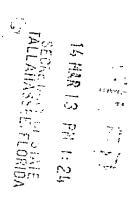
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COVER LETTER

Registration Section
Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

SUBJECT: Ferrell and Gordon Enterprises LL (Name of Limited Liability Company)								
(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:								
Truothy Egdon (Contact Person)								
(Firm/Company)								
4912 Corknes St (Address)								
Say Ela 52207 (City/State and Zip Code)								
For further information concerning this matter, please call:								
Timothy Gordon at (904) 619 3923 (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 & Certified Copy								
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327								

Tallahassee, Florida 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)

		7 de 1			• -
1. The name of the lir	nited liability company as	it appears on the	e records of the Flori	ida Departı	nent
of State is: Fes	rell and Gord	OH ENTR	aprises (LLC	 ·
	ent/registration number ass actuer # 41122 6-3235443	signed to this lines.	mited liability compa _ 130001026	- , .	
3. The date this memb	per/manager withdrew/resi	gned or will wit	thdraw/resign is		E 12-1-13
4. I, Timothy (Print Nam	allen Gordon e of Person Resigning) Member Man int Title)	hereby wi	thdraw/resign as a	w)	
Managino	int Title)	uqa	(1.101.		
of this limited liabil resignation in writing	ity company and affirm the	limited liabilit	y company has been	notified of	`my
_ lin at	ty a. Harde		<u>.</u>	SLOM	
Signature of Disso	ociating Member or Resign	ing Manager		#37 #37	And State
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				·· · · · · · · · · · · · · · · · · · ·