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K. SALY EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		GY NOV	
	(Name of Lini	and Diability Con	npany)
The er	nclosed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please	return all correspondence concerning t	this matter to:	
GIL	BERT L. FELICIANO)	
	(Contact Person)	-	MANA TO THE PROPERTY OF THE PR
·	(Firm/Company)		_
223	37 PIPESTONE CT		
	(Address)		-
OR	LANDO, FL 32818		_
	(City/State and Zip Code)		
For fu	rther information concerning this matte	r, please call:	
GIL	BERT L. FELICIANO	407	758-8422
•	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos	sed please find a check made payable to		Department of State for: \$55 Filing Fee &
	Li \$25 Filing Fee	-	Certified Copy
STRE	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ration Section		Registration Section
	on of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallaha	assee, Florida 32301		

CR2E079 (12/13)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as i	t appears on the records of the Florida Departme	nt -
	cument/registration number of t 3000128194	this limited liability company is:	
3. The date this me	ember withdrew or will withdr	aw is: FEBRUARY 17,2014	_
4. I. GILBE	ERT L. FELICIANO	, hereby resign as a MGR & REG AGENT	
(Print)	Name of Person Resigning)	(Print Title)	-
of this limited lia resignation in wi		limited liability company has been notified of m	У
Signature of Ř	esigning or Dissociating Mana	iger, Member	
•	\$25.00 (Required)		
Cerunieu Copy:	\$30.00 (Optional)		

CR2E079 (12/13)