

L14000005148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

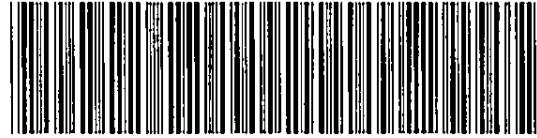
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/04/17--01013--006 \*\*35.00

FILED

17 OCT 26 PM 7:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*J*  
10/2/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2017

THOMAS P. GILL, JR.  
137 S PARSONS AVE  
BRANDON, FL 33511 US

SUBJECT: GILL-T PLEASURE, LLC  
Ref. Number: L14000005148

We have received your document for GILL-T PLEASURE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 117A00020453

2017 OCT 26 AM 11:38

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gill-T Pressure, LLC  
(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:

Thomas Gill  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

137 S. Parsons Ave  
(Address)

Brandon FL 33511  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Gill at (813) 654.0514  
(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  
Tallahassee, Florida 32301

### 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Gill-T Pleasure, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000005148

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/20/17

4. I, Lisa Gill, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
17 OCT 26 PM 7:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA