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COVER LETTER

Division of Corporations
SUBJECT: GPS Contencting 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:
LEONAL bullick Te (Contact Person)
(Firm/Company)
525 CASAS BOWITAS DR
Nokomis Flu 34275 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (941) 812. 6784 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 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

CR2E079 (2/14)



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 Flor of State is: GPS Conteacting LLC	rida Deg	partme	nt
2. The Florida document/registration number assigned to this limited liability comp	any is:		
L1400000 D296			λ,
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	1-1	2016	
4. I, LEONARD L. bullick Jz, hereby withdraw/resign as a (Print Name of Person Resigning)	1-1	-20	165
MANAGER (Print Title)	÷	±	
(Print Title)		MAR	
of this limited liability company and affirm the limited liability company has been	notifie	ed of m	y
resignation in writing.	<u>.</u>	ယ	i Herry
Leonard Plathide Ja		FH 1:3	**************************************
Signature of Dissociating Member or Resigning Manager	(÷.	€J.	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)