## L14000014858

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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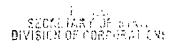
15 HAY -7 PH 4: 19

051315

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G AND B SALES, LLC (Name of Lim	nited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
ROBERT BROWN	
(Contact Person)	
(Firm/Company)	
6555 GARDEN ROAD, STE. 17	
(Address)	
RIVIERA BEACH, FL 33404	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
ROBERT BROWN	561 557-1006
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)





15 MAY -7 PM 4: 19

## 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)

	ND B SALES, LLC
2. The Florida doc L1400001485	nument/registration number assigned to this limited liability company is:
4. I, ROBERT B	ROWN  , hereby withdraw/resign as a  Name of Person Resigning)
MGR	
	(Print Title)
of this limited lia	ability company and affirm the limited liability company has been notified of my riting.
Velt v	n B
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)