## L14000053868

(Re	equestor's Name)
(Ad	ddress)
(Ad	ldress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ви	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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12/15/14--01009--022 \*\*220.00

TALLAHASSECTION

DEC 22 2014 T. CARTER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: RED POST COMMERCIAL LLC		
(Name of Limited Lia	bility Company)	
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to:	
CHRISTOPHER R MARTIN		
(Contact Person)	<del></del>	
RED POST COMMERCIAL LLC		
(Firm/Company)		
1567-MEETING PL 4837 Waterwitch Point Dre		
(Address)		
ORLANDO FI <del>: 32814</del> 32806		
(City/State and Zip Code)	<del></del>	
For further information concerning this matter, please call:		
CHRISTOPHER R MARTIN 4	07 <u>398-144</u> 0 529-9286	
(Name of Contact Person) (A	rea 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:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 DEC 15 PH 12: 04

## 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)

	oted liability company as it appears on the records of the Florida Department OST COMMERCIAL LLC
2. The Florida document	nt/registration number assigned to this limited liability company is:
3. The date this member	er/manager withdrew/resigned or will withdraw/resign is:
4. I, GREGORY BRI	, nereby withdraw/resign as a
(Print Name	of Person Resigning)
MGR	<u>.</u>
(Prin	rt Title)
of this limited liability resignation in writing	y company and affirm the limited liability company has been notified of my
6/	2-150
Signature of Dissoc	ciating Member or Resigning Manager
Filing Fee: Sertified Copy: Se	\$25.00 (Required) \$30.00 (Optional)