L14000080606

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Business Entity Name)			
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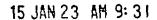
Registration Section

TO:

CR2E079 (2/14)

Division of Corporations			
SUBJECT:Gulf Central Partners, LLC			
(Name of Limited Liability Company)			
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to:		
Todd W. Vraspir			
(Contact Person)			
The Vraspir Law Firm, P.A.			
(Firm/Company)			
5327 Commercial Way, Suite A101			
(Address)			
Spring Hill, Florida 34606			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Todd W. Vraspir	352 556-5270		
(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 \$ Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS





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)

	imited liability company as Central Partners, LLC	it appears on the records of the Florida Department
2. The Florida docu L14000080606		ssigned to this limited liability company is:
3. The date this mer	nber/manager withdrew/res	igned or will withdraw/resign is: 6/19/2014 , hereby withdraw/resign as a
AMBR	Print Title)	
of this limited liab resignation in wri	• •	ne limited liability company has been notified of my
Signature of Dis	on Query ssociating Member of Resig	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	

Fire of the same