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	(Requestor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
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	(Business Entity Name)							
(Document Number)								
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**S Warren** AUG 0 2 2016

#### **COVER LETTER**

TO: Registration Section Division of Corporations	.e								
SUBJECT: GEGREAL ESTATE SOLUTIONS (Name of Limited Liability Company)	LLC								
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.									
Please return all correspondence concerning this matter to:									
Jonathan Grinley (Contact Person)									
(Firm/Company)									
4234 CEDAR CREEK RANCH CIR									
LAKE WORTH, FL 33467 (City/State and Zip Code)									
For further information concerning this matter, please call:									
(Name of Contact Person) at (Sbl.) 267 - 41  (Area Code & Daytime Telephone	665 : Number)								
Enclosed please find a check made payable to the Florida Department of State for \$25 Filing Fee & Certified Cop									

#### 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 I	imited liabili	ty company	y as it appears	on the records	s of the Flori	da Depa	rtment
of State is:	7:6	REAL	ESTATE	SOLUTIO	NS LL		
2. The Florida docur	ment/registra	tion numbe	er assigned to	his limited lia	bility compa	any is:	
L14000	13456	,2	•				
3. The date this men 4. I, Son ATH	nber/manage	r withdrew/	resigned or w	ill withdraw/ro	esign is:	1/20	<u>,/1</u> 6
AM	BR Print Title)						
of this limited liab resignation in writ	ing.	1			ny has been	notified	of my
Signature of Dis	sociating Me	ember or Re	esigning Mana	ger			
Filing Fee: Certified Copy:	\$25.00 (R \$30.00 (O	equired) ptional)			A LAMASSEELEL		FILED