

114000160198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

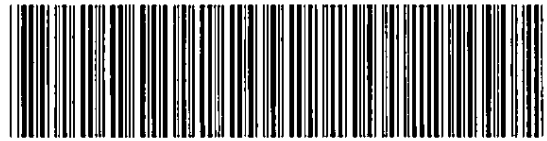
(Document Number)

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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 Florida Department of State is: Gulf Land Management, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L14000160198
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/27/2023
4. I, Martin Gawronski, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Martin Gawronski  
Signature of Dissociating Member or Resigning Manager

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TALLAHASSEE

Filing Fee: \$25.00 (Required)  
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