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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
G AND W CRAFTSMAN. LLC	C	
(Name of Limit	ted Liability Co	ompany)
The enclosed member, resignation or dissocia	tion and fee	(s) are submitted for filing.
Please return all correspondence concerning t	his matter to	i:
BRUCE H. VANDERLAAN		
(Contact Person.	<u></u>	_
BRUCE H. VANDERLAAN, ATTORNEY	AT LAW, P	PA
(Firm/Company)	<u> </u>	
14047 SHIMMERING LAKE CT		
(Address)		
FORT MYERS, FL 33907		
(City/State and Zip Code)		
For further information concerning this matte	r, please call	t:
BRUCE VANDERLAAN	239	220-3326
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	÷	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314



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)

•	\cdot
1. The name of the	limited liability company as it appears on the records of the Florida Departmen
of State is: GA	ND W CRAFTSMAN, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1400016082	2
2 The data this ma	mber/manager withdrew/resigned or will withdraw/resign is:
o. The date this me	moer/manager withdrew/resigned or with withdraw/resign is.
4. I. WARREN HI	JNSICKER, hereby withdraw/resign as a
	ame of Person Resigning)
MEMBER	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Mour H	Junsule
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
_	\$30.00 (Optional)