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. (Red	questor's Name)	
(Add	iress)	
(Add	dress)	
· (City	//State/Zip/Phone	e #)
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(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
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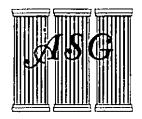


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AUG 2 8 2018 S. YOUNG 18 AUG 22 AM 8: 34



ANCHORS • SMITH • GRIMSLEY

A Professional Limited Company
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909 Mar Walt Drive, Suite 1014
FORT Walton Beach, FL 32547-6711
(850) 863-4064 (850) 862-1138 Fax (850) 664-5728 Fax
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STEVEN B. BAUMAN
C. JEFFREY MCINNIS
RICHARD P. PETERMANN**
TIMOTHY W. SHAW

* ALSO ADMITTED IN ALABAMA

* ALSO ADMITTED IN WYOMING

SHIRAZ A. HOSEIN
JEFFREY L. BURNS*
N. GRESHAM FOSTER, LL.M.
KYLE S. BAUMAN
MATTHEW J. AUSLEY
JAY PATEL

August 21, 2018

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company / GFLC Investments, LLC

Enclosed please find the above forms for filing with your office. Also enclosed are checks in the amount of \$25.00 each to cover filing fees.

If you have any questions, please do not hesitate to contact our office.

Very Truly Yours.

Sharon Sculley

Real Estate Closing Assistant

Shaw Sculley

Encl.

FILED

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COVER LETTER

TO: Registration Section Division of Corporations	
GFLC Investments, LLC SUBJECT:	
(Name of L	Limited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:
Scott McCormick	
(Contact Person)	
Beach Community Bank	
(Firm/Company)	8
17 SE Eglin Parkway	AUG 22 AH 8: 34 LLAHASSEE, FLORIDA
(Address)	
Fort Walton Beach, Florida 32548	FLOR
(City/State and Zip Code)	A 2 4 4 5 4 4 5 4 5 4 5 4 5 6 5 6 5 6 5 6 5
For further information concerning this ma	atter, please call:
Scott McCormick	850 . 244-9900 x 250
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$\square\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

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 limited liabil of State is:	ity company as it appears on the records of the Florida Department nts, LLC
2. The Florida document/registra	ation number assigned to this limited liability company is:
3. The date this member/manage	er withdrew/resigned or will withdraw/resign is:
4. I. Scott McCormick	hereby withdraw/resign as a
(Print Name of Person) Manager	(esigning)
resignation in writing. Signature of Dissociating M	ay and affirm the limited liability company has been polified of my Call 22 mg Call 22 m
Filing Fee: \$25.00 (R	(equired)

\$30.00 (Optional)

Certified Copy: