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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of componential	
P.G. Rated L.L.C.	
(Name of Limited Lia	ability Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
John O. Williams	
(Contact Person)	
Williams & Holz, P.A.	
(Firm/Company)	
211 East Virginia Street	
(Address)	<del></del>
Tallahassee, Fl. 32301	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, ple	ase call:
John O. Williams	50 224-4510
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the I  ■ \$25 Filing Fee	Florida Department of State for: 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

10 DEC 21 PHI2: 29

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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)

	ne limited liability company as G. Rated L.L.C.	it appears on the records of the Florida	Department
L150000779	996	signed to this limited liability company	
4, I	nember/manager withdrew/resign Flowers  Name of Person Resigning)  (Print Title)	gned or will withdraw/resign is: Febru, hereby withdraw/resign as a	ary 28 201
resignation in v	Dissociating Member or Resign	e limited liability company has been not	itied of my
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)