1150000 91530

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;





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8 MAR -9 PM 3: 06 ECRETARY OF STATE NLLAHASSEE; FLORIDA

K SALY MAR 1 1 2018

COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: GRANDIAN TOUR MENT CAMPILLE
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
MONITER HUNT NEW (Contact Person)
Guandland Inverment Gray
130 S. Indian River De Ste 202
The Start 34957
(City/State and Zip Code)
For further information concerning this matter, please call:
Monition Hunt at ma, 217-5453
(Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle 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)

	limited liability company as it appears on the records of the Florida Departmen UARDIAN TOVESTMENT Group, LLC.
	ment/registration number assigned to this limited liability company is:
LISOUD	<u>91530 </u>
4.1, <u>them</u>	
(Print No	ume of Person Resigning)
MAnag	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
-G/ HW	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)