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COVER LETTER

Division of Corporations
SUBJECT: EJGB LLC (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:
BRETT KING (Contact Person)
EJEB LLC DBA GATEWAY LAND SURVEYING LLC (Firm/Company)
1081 E. BRAINDOM BLUD (Address)
BRANDOM, FC 33571 (City/State and Zip Code)
For further information concerning this matter, please call:
BRETT KITTB at (813) 643-2292 (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

TO:

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

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327

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)

1. The name of the	limited liability company	as it appears on the re	ecords of the	e Florida Dep	artment
of State is: <u>FO</u>	EB UC				·
2. The Florida docu	ment/registration number	assigned to this limit	ted liability	company is:	
L150001	89944	·			
3. The date this me	mber/manager withdrew/r	resigned or will withd	lraw/resign i	s: 10/14/20	19_
4.1, RYAIY (, hereby with			
MAMAGE	(Print Title)	·			٠,
of this limited lial resignation in wr	oility company and affirm iting.	the limited liability of	comp any has		lofmy
Signature of Di	ssociating Member or Res	signing Manager		20 C	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		₹3.5° ± 32-	E.	