

L16000231176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

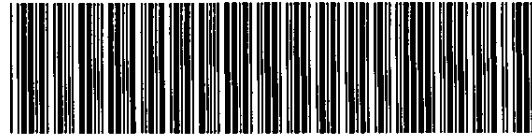
(Document Number)

Certified Copies _____ Certificates of Status _____

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WRONG FORM

Office Use Only



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02/09/17--01015--003 **61.25

FILED
2017 MAR -1 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR - 3 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2017

GULF COAST BACKLINE SERVICES, LLC
MATTHEW J RAZZOUK
2566 24TH AVE. N, STE. B
SAINTE PETERSBURG, FL 33713

SUBJECT: GULF COAST BACKLINE SERVICES, LLC
Ref. Number: L16000231176

We have received your document for GULF COAST BACKLINE SERVICES, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 617A00002821

ATTN: Karen Saly → I filed the incorrect form previously
(LLP form) and you currently have my \$61.25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Backline Services, LLC
(Name of Limited Liability Company)

Please use
this towards
the \$55 filing
fee.

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Matthew J. Razzouk
(Contact Person)

Gulf Coast Backline Services, LLC
(Firm/Company)

2565 24th Ave N, Suite B
(Address)

Saint Petersburg, FL 33713-4320
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew J. Razzouk at (727) 729-1979
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☐ \$25 Filing Fee ☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
2017 FEB 27 PM 4:35
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 records of the Florida Department of State is: Gulf Coast Backline Services, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L16000231176

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/8/2017

4. I, Carlton G. Hughes, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Carl Hughes

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)