117000085902

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gibson Pavers, LLC	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Christopher Gibson	
(Contact Person)	
Gibson Pavers, LLC	
(Firm/Company)	
P.O. Box 1586	,
(Address)	
Elfers, FL 34680	
(City/State and Zip Code)	
For further information concerning this matter.	please call:
Christopher Gibson	727 858-1032 t ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th ■ \$25 Filing Fee	he Florida Department of State for: 3 \$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

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)

	limited liability company as i on Pavers, LLC	t appears on the records of the Florida Department
2. The Florida docu L17000085902	J	igned to this limited liability company is:
3. The date this mer	mber/manager withdrew/resig	gned or will withdraw/resign is:
Katrina Hubbi	ard	, hereby withdraw/resign as a
AMBR		
	Print Title)	
resignation in wri	• •	limited liability company has been notified of my ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	r