## L17000104480

(R	equestor's Name)	<del>_</del>
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
7 JUH -5 PH 4: 32	<ul><li>₹ 20</li><li>★ 20</li></ul>	
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## **COVER LETTER**

TO: Regis	stration Section	
Division of Corporations		
SUBJECT:	GKC BEARD INVESTMENTS, LLC	
(Name of Limited Liability Company)		
The enclosed	member, resignation or dissociation and f	fee(s) are submitted for filing.
Please return	all correspondence concerning this matter	· to·
	in the state of th	. 10.
	(Contact Person)	<del></del>
CKC BEVD	D INIVECTMENTS	
ONC BLAKI	D INVESTMENTS, LLC	
	(Firm Company)	<del></del>
211 S. WES	STLAND AVENUE #3	
	(Address)	<del></del>
TAMPA, FL	33606	
	(City State and Zip Code)	<del></del> -
For further inf	Offination concerning this	
- or redefice into	ormation concerning this matter, please ca	all:
	_	
(Nan	ne of Contact Person) (Area Co	
(* 144)	(Area Co	ode & Daytime Telephone Number)
Enclosed pleas ■ \$25 Filing F	se find a check made payable to the Florida See SSS Fili	a Department of State for: ing Fee & Certified Copy
	URIER ADDRESS:	MAILING ADDRESS:
		Registration Section
Clifton Buildin	iporations	Division of Corporations
2661 Executive	e Center Circle	P.O. Box 6327
Tallahassee, Flo		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)

1. The name of the of State is:	ne limited liability company as it appears on the records of the Florida Department
	cument/registration number assigned to this limited liability company is:
3. The date this m 4. L Greg Conne	hember/manager withdrew/resigned or will withdraw/resign is:  May 16, 2017  The serious description of the serious properties of the serious propert
Manager	<del></del>
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)