

L17000146622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

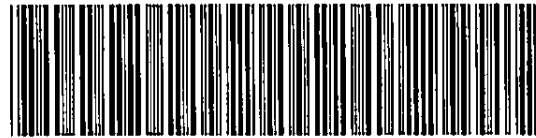
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG 21 AM 11:56
CLERK OF COURT
CLERK OF COURT

S. WARREN

AUG 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCB GROWING BUSINESS 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:

PAULA CAMACHO

(Contact Person)

GCB GROWING BUSINESS LLC

(Firm/Company)

8255 SW 72nd CT, APT E614

(Address)

MIAMI, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

PAULA CAMACHO

(Name of Contact Person)

at (**305**) **803-0352**

(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



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 records of the Florida Department of State is: GCB GROWING BUSINESS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000146622

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/31/2017

4. I, ANDRES J CASTILLO ALDANA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER

(Print Title)

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

A. Castillo

Signature of Dissociating Member or Resigning Manager

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

FILED
17 AUG 21 AM 11:56
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA