(Requestor's Name)	
(Address)	9003050141
(Address)	3003030141
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/30/1701035021
(Document Number)	
Certified Copies Certificates of Status	of the transfer
Special Instructions to Filing Officer:	
	100 S

Office Use Only



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**25.00

K. SALY NOV - 1 2: :

COVER LETTER

•	tration Section ion of Corporations		
SUBJECT:	781 WEST GORRIE , LLC		
	(Name of Limited Lia	bility Comp	any)
The enclosed	member, resignation or dissociation a	nd fee(s)	are submitted for filing.
Please return	all correspondence concerning this ma	atter to:	
JASON WH	IITE		
	(Contact Person)		
781 WEST	GORRIE, LLC		
	(Firm/Company)		
43 ISLAND	DRIVE		
	(Address)		
EASTPOIN	T , FL . 32328		
	(City/State and Zip Code)		
For further in	formation concerning this matter, plea	ise call:	
JASON WH	HITE 8	50	933-8782
(N:	ame of Contact Person) (Ai	ea Code &	Daytime Telephone Number)
Enclosed ples \$25 Filing	ase find a check made payable to the F Fee \$5		partment of State for: See & Certified Copy
Registration Division of C Clifton Build 2661 Executi	Corporations	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, 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 it appears on the records of the Florida Departme WEST GORRIE, LLC	nt -·
2. The Florida doc L1700021506	ment/registration number assigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	
4. I		•
MGR		
	Print Title)	
of this limited lia resignation in wi	oility company and affirm the limited liability company has been notified of mitting.	у
Signature of D	ssociating Member or Resigning Manager	
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	