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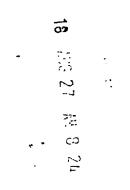
(Requ	estor's Name)	
(Addre	ess)	<u>·</u>
(Addre		
(City/S	State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)
(Docu	ment Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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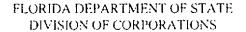
COVER LETTER

Division of Corporations	\	
SUBJECT: GNV Rest	wra hon ted Liability Company)	
(Name of Lim	ted Liability Company)	
The enclosed member, resignation or dissociate	ation and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
Mark Higgins		
GNV Restruction LLC (Firm/Company)		
719 SW 21St Are		
Gaine VILL R 32601 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Contact Person)	att 330 1 620 - 4384	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to \$25 Filing Fee		
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301





18 1/3 27 1/4 8 24

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:	ENV Restoration
2. The Florida doci	ument/registration number assigned to this limited liability company is:
1700	W 23 198 Z
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $3-19-18$
4. I, <u>Brocke</u> (Print N	- A(M fic 1 d, hereby withdraw/resign as a lame of Person Resigning)
ns(n	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
R	Au.
Signature of Di	issociating Member or Resigning Manager
0	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)