## L18 00000 9683

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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11/01/19--01018--009 ++59.00

BoisnationCC

DEC 0/3 Z019

LALBRITTON

## **COVER LETTER**

_	istration Section sion of Corporations			
SUBJECT:				
	(Name of Lim	ited Liability Co	mpany)	
The enclose	d member, resignation or dissoci	ation and fee(	s) are submitted for filing.	
Please retur	n all correspondence concerning	this matter to:		
Greg Pyle				
	(Contact Person)		_	
Commerci	al Gates And Electric, LLC			
_	(Firm/Company)			
23717 NW 78th Ave				
	(Address)		_	
High Sprin	gs, FL 32643			
	(City/State and Zip Code)	· <b></b>	_	
For further	information concerning this matte	er, please call:		
Greg Pyle		386 at (	454-2329	
1)	Name of Contact Person)		e & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  □ \$25 Filing Fee				
STREET/C Registration	COURIER ADDRESS:		MAILING ADDRESS: Registration Section	
-	Corporations		Division of Corporations	
Clifton Buil	ding		P.O. Box 6327	
	tive Center Circle Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	Innited habitity company as nmercial Gates And Electi	s it appears on the records of the Florida Department ric, LLC
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
L1800000968	3	
		signed or will withdraw/resign is:
4. I. Print Name of Person Resigning)		hereby withdraw/resign as a
	ember, Authorized Repi	
(Print Title)		
of this limited lia resignation in wi		he limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
	ز ``	
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	