

L18000 146626

(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:

Office Use Only



000324971250

02/25/19--01021--014 \*\*25.00

2019 FEB 25 PM 3:17  
SEC OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRO GC 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:

ANGIE BARTHOLOMEW  
\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

8283 YASMINA WAY  
\_\_\_\_\_  
(Address)

NAPLES, FL 34114  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGIE BARTHOLOMEW

918

200-6855

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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

2018 FEB 25 PM 3:11  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION



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)

2018 FEB 23 PM 3:17  
RECEIVED  
CALL ATLAS 916 800 4400

1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: PRO GC LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000146626

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/19/2018  
ANGIE BARTHOLOMEW

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
AMBR  
(Print Title)

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

- Angie -

Signature of Dissociating Member or Resigning Manager

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