00/93/93

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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D CUSHING

COVER LETTER

STREET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section	ं ज	TATE TATE
Enclosed please find a check made payab \$\begin{align*} \$25 Filing Fee \$\exists 22 \text{Filing Fee} \$\exists 22 Fi	le to the Florida 🚨 \$55 Fili	Department of State for: ng Fee & Certified Copy	- 50 mm m m m m m m m m m m m m m m m m m	15 15 15 15 15 15 15 15 15 15 15 15 15 1
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)		(#) (평.,
SCOTT MARTIN	850 at (686-2247	5 10 10 10 10 10 10 10 10 10 10 10 10 10	:
For further information concerning this m	atter, please cal	∤ •		
(City State and Zip Code)				
GULF BREEZE FL 32563				
(Address)				
1646 TUSCON CT		 -		
(Firm/Company)				
G & COMPANY PRODUCTS LLC				
(Contact Person)				
SCOTT MARTIN		_		
Please return all correspondence concerni	ng this matter to	:		
The enclosed member, resignation or diss	ociation and feet	(s) are submitted for filing.		
	Limited Liability Co			
G & COMPANY PRODUCTSUBJECT:				
TO: Registration Section Division of Corporations				

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

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)

	G & COMPANY PROD	as it appears on the records of the Flori UCTS LLC	da Department
	cument registration number 193193	assigned to this limited liability compa	my is:
		10.	/15/2018
3. The date this m	ember manager withdrew re	esigned or will withdraw resign is:	
ERIC M FU			
		, hereby withdraw-resign as a	
\overline{Peac}	$\frac{1}{N_{t}m} = eP(\phi) + e(R_{t} + \varphi)$		
AP			
	Pent Take		
		the limited liability company has been	notified of my 受
resignation in wi	riting. / / 1.		TO THE
	July 1		STATE SANTES
Signature of D	issociating Member or Res	igning Manager	<i>ত</i>
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30,00 (Optional)		