UPposses

(Re	equestor's Name)			
(Ad	ddress)			
(Address)				
(Ci	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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R. WHITE
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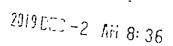
COVER LETTER

Divis	ion of Corporations				
SUBJECT:	ENCOMPASS ENTERTAIL	NMENT, LLC			
Sobore 1.	(Name of Li	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissoc	ciation and fee	(s) are submitted for filing.		
Please return	all correspondence concerning	g this matter to	·:		
Robert Ger	hart				
	(Contact Person)		_		
	(Firm/Company)				
9350 Prosp	perity Lake Drive				
	(Address)				
Jacksonvill	e, FL 32244				
	(City/State and Zip Code)		_		
For further in	nformation concerning this mat	iter, please cal	l:		
Robert Ger	hart	941 at (350.0447		
(N	ame of Contact Person)		le & Daytime Telephone Number)		
Enclosed ple ■ \$25 Filing	ase find a check made payable g Fee		Department of State for: ng Fee & Certified Copy		
Registration Division of C Clifton Build	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee.	Florida 32301				

CR2E079 (2/14)

TO: 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)

	limited liability company as it a	appears on the records of the Florida Department IT, LLC.
2. The Florida docu L1900005999	•	ned to this limited liability company is:
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is:
Gerhart, Robert R		, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lial resignation in wri		mited liability company has been notified of my
Proty	1 Dechil	
Signature of Di	ssociating Member or Resignin	g Manager
-	\$25.00 (Required) \$30.00 (Optional)	