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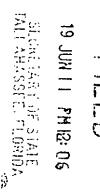
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.9, 0.0.0.0.)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooling to Marco)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO: Regis	stration Section		
Divis	sion of Corporations		
SUBJECT:	Gator Property Solutions, LL	C	npany)
The enclosed	d member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning t	this matter to:	
John H. Sh	ultzaberger		
	(Contact Person)		_
Gator Prop	erty Solutions, LLC		
	(Firm/Company)		-
12392 SW	136th Ter		
	(Address)		_
Archer, FL	32618		
	(City/State and Zip Code)		_
For further in	nformation concerning this matte	er, please call:	
John H. Sh	ultzaberger	352 at (474-1240
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of C			Registration Section Division of Corporations
Clifton Build	•		P.O. Box 6327
2661 Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



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 or Property Solutions, LLC	• •	the Florida Department
2. The Florida doc L1900008075	ument/registration number as 1	signed to this limited liabilit	ty company is:
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign	n is:
4. I, Chester C. C	Cowart Tame of Person Resigning)	, hereby withdraw/resig	yn as a
AMBR	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company h	Д.,
Signature of D	issociating Member or Resign	ning Manager	SSVHVIII FEGATIVIII
_	\$25.00 (Required) \$30.00 (Optional)		LED CHIES