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COVER LETTER

TO:	Registration Section		•
	Division of Corporations		
SUBJE			
	(Name of L	imited Liability C	Company)
The en	closed member, resignation or disso	ociation and fee	e(s) are submitted for filing.
Please	return all correspondence concernir	ig this matter to	o:
Juan Car	rlos Diaz		
	(Contact Person)		
GB 2020	DLLC		
	(Firm/Company)		
10125 L	axton St		
	(Address)		<u> </u>
Orlando,	FI 32824		
	(City/State and Zip Code)		_
For furt	her information concerning this ma	tter, please call	l:
Juan Car	los Diaz	407 at (558-8310
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclose	d please find a check made payable	to the Florida	Department of State for
■ \$25 1	Filing Fee		ng Fee & Certified Copy
	M 717		
	Mailing Address: Registration Section		Street Address:
	Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Fallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	•		Tallahassee, FL 32303

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)

	e limited liability company a 2020 LLC	as it appears on the records of the	e Florida Department
		assigned to this limited liability o	company is:
Brock Hood		signed or will withdraw/resign i	
of this limited liaresignation in w	(Print Title) ability company and affirm the	he limited liability company has	been notified of my
Be	issociating Member or Resig	ming Manager	2020 1407 - 9
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AH 7: 2