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## **COVER LETTER**

Division of Con		
SUBJECT: <u>GB</u>	M FILL AROUND S	DERVICES LLC pany)
The enclosed member,	resignation or dissociation and fee(s)	are submitted for filing.
Please return all corres	bondence concerning this matter to:	
Robert C	Contact Person)	
ABMI ALL	Argund Services	LLC
1221 E M	WHE St (Address)	
Lakeland (Cir	FL 3380/ y/State and Zip Code)	
	concerning this matter, please call:	
hober C. (Name of Co	Mactin at (843 ntact Person) (Area Code	) <u>(e 14 - 8423</u> & Daytime Telephone Number)
Enclosed please find a  \$25 Filing Fee	check made payable to the Florida D  ### \$55 Filing	epartment of State for: Fee & Certified Copy
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, F.	ction rporations  _ 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

of the Florida Department
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sign is: 9/15/2022
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