LZ0000 381779

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	≥ #)
PICK-UP	_	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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2024 HAR ZU FR 2:31 SECRETARY OF STATE

20 PK 2:

COVER LETTER

Division of Corporations			
SUBJECT: G+B Sourtwics Homes LLC (Name of Limited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
GEORGE B. POTTS (Contact Person)			
G+B SOUTHWEST HOMES LLC (Firm/Company)	SECRI	2074 HAR 20	.gerseen
460 Monaco De. (Address)	1778	R 20	1214 1214 1
PUNTA GORDA H 33950 (City/State and Zip Code)	SECT PL	PH 2:51	
For forth win Compation concerning this matter plants call:			

For further information concerning this matter, please call:

(Name of Contact Person) at (815), 790 - 6780

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee

Mailing Address:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

		s it appears on the records of the Florid $STHOMESLLC$	da Department
2. The Florida doc	ument/registration number a	ssigned to this limited liability compa	ny is:
1200	00381779		2024 I
		signed or will withdraw/resign is:	/J_/ 2 /
4. 1. 6 AF (Print N	STEVERS lame of Person Resigning)	hereby withdraw/resign as a	20 PH 2:5
Wanta	(Print Tüle)	L. C.	2:51
of this limited lia resignation in wr		ne limited liability company has been	notified of my
Hum	Meller		
Signature of D	issociating Member or Resig		
	\$25.00 (Required) \$30.00 (Optional)	Subscribed and sworn before me, to day of March , 2024 a N in and for Charlette State of Florical	this lotary Public County,
·		(Signature) NOTARY PUBLIC My Commission expires agric /	9 20.28

TAMMY S. MIDGETT MY COMMISSION # HH 482251

EXPIRES: April 19, 2028

CR2E079