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(Requestor's Name)	_				
(Address)	_				
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:	7				
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COVER LETTER .

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of Limi	ited Liability Cor	mpany)
The en	nclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:	
Patricia	a Dillman		
_	(Contact Person)		_
G&F B	uilders Resource Solution LLC		
	(Firm/Company)		_
301 Ma	arbella Lane #104		
	(Address)		_
Sanford	1 FL 32771		
	(City/State and Zip Code)		_
For fu	rther information concerning this matte	er, please call:	
Patricia	ı Dillman	321 at (231-4785
	(Name of Contact Person)		& Daytime Telephone Number)
Enclos	sed please find a check made payable to	o the Florida I	Department of State for:
	5 Filing Fee		g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		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)

	limited liability company as it Builders Resource Solution LLC	2024 APROP P	eartment
	ument/registration number assi	lity company is:	
Gabriel Bran Va	ember/manager withdrew/resig squez Same of Person Resigning)	_	
Manager	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the	 / has been notifie	d of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		