La5000a5643a

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
bA)	dress)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·

Office Use Only



500452838895



97/01/25--01003--095 **100.00



COVER'LETTER

Registration Section TO: Division of Corporations

G.I. JOHNSON GROUP, LI SUBJECT:	LC	
	ne of Limited Liability Con	ipany)
The enclosed member, resignation or	dissociation and fee(s) are submitted for filing.
Please return all correspondence conc	cerning this matter to:	
Hardy O. Johnson		
(Contact Person)		•
G.I. JOHNSON GROUP, LLC		
(Firm/Company)	1-1-1-10	•
17416 NW 7TH ST		
(Address)		
PEMBROKE PINES, FL 33029		
(City/State and Zip Coc	de)	
For further information concerning th	nis matter, please call:	
Hardy O. Johnson	404 at (985-7111
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made pa	ayable to the Florida D	epartment of State for:
■ \$25 Filing Fee	☐ \$55 Filing	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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

of State is:	OHNSON GROUP, LLC
2. The Florida doc L25000256432	ument/registration number assigned to this limited liability company is:
	mber/manager withdrew/resigned or will withdraw/resign is:
JARMON, AISI 4. I.	S N , hereby withdraw/resign as a
(Print)	, hereby withdraw/resign as a lame of Person Resigning)
Authorize Person	
_	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Hardy O.	Johnson 2 / Samuel State
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)