(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800270039638

03/16/15--01005--008 **75.00

MAR 1 8 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GCB Properties III, LTD, LLC	
(Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Jim Farah	
(Contact Person)	_
The Farah Law Group	
(Firm/Company)	_
6550 St. Augustine Road, Suite 103	
(Address)	_
Jacksonville, Florida 32217	
(City/State and Zip Code)	_
For further information concerning this matter, please call	
Jim Farah 904	443-0060
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



15 MAR 16 AH 11: 30



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)

The name of the limited liability company as it appears on the records of the F of State is: GCB Properties III, LTD, LLC	· .
The Florida document/registration number assigned to this limited liability cor M10000003388	mpany is:
. The date this member/manager withdrew/resigned or will withdraw/resign is:	12/31/2014
I, Sean Hinley hereby withdraw/resign as	
(Print Name of Person Resigning)	а ;
Manager / Member	v.
(Print Title)	
of this limited liability company and affirm the limited liability company has be resignation in writing.	en notified of my
	•
	:
Signature of Dissociating Member or Resigning Manager	1 2 5
	*
ling Fee: \$25.00 (Required)	
ertified Copy: \$30.00 (Optional)	