

LD4000015352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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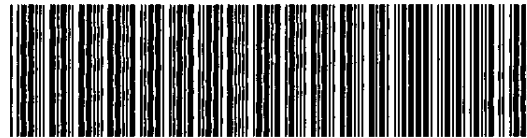
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OCT - 7 2011

EXAMINER



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10/06/11--01004--004 \*\*25.00

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11 OCT - 6 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GVD Alliance, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dean B. Lewis

(Contact Person)

GVD Alliance, LLC

(Firm/Company)

5910 N. Bayshore Drive

(Address)

Miami, Florida 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Dean Lewis

(Name of Contact Person)

at ( 305 ) 456-7252

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

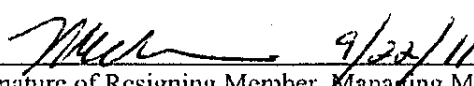
**MAILING ADDRESS:**

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

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

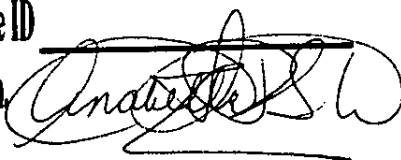
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GVD Alliance, LLC
2. This limited liability company was organized under the laws of:  
Florida
3. The Florida document/registration number of this limited liability company is:  
L04000015352
4. I, Michael I. Ursini, hereby resign as a Member  
(Print Name of Person Resigning) (Print Title)  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 9/22/11  
Signature of Resigning Member, Managing Member or Manager

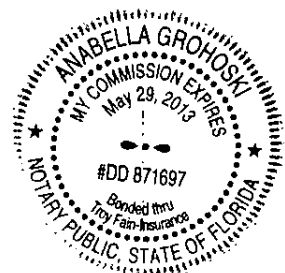
Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

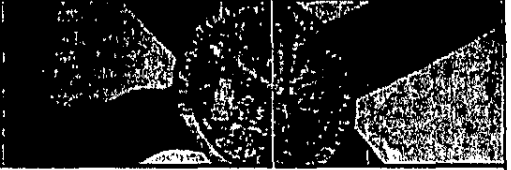
CR2E079 (5/06)

Sworn and Subscribed before me this 22 day of Sep, 20 11  
by Michael Ursini who is personally  
known to me or who produce ID  
and did/ did not take an oath.



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11 OCT -6 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





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## Annual Report Online Filing

**Document Number L04000015352**

Thank you for filing your Annual Report online. Your report filed date will be today's date if there are no processing errors.

**Your confirmation number is 200212460282.**

**Your charge amount is \$538.75.**

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