# L05000105084

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	<del>=</del> #)		
PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE

C. LEWIS OCT 2 4 2011 EXAMINER

#### **COVER LETTER**

CR2E079 (5/06)

то:	Registration Section Division of Corporations		
SUBJ	ECT: Global Adjusters, LLC	d Lightlity Company)	
	(Name of Limi	ed Liability Company)	
The er filing.	nclosed member, managing member or	nanager resignation and fec(s)	are submitted for
Please	e return all correspondence concerning t	is matter to:	
Den	ise Powers		
	(Contact Person)		
Deni	se V. Powers, Esq.		
	(Firm/Company)		
2600	Douglas Road,Suite 607		
	(Address)		
Cora	al Gables, FL 33134		
	(City/State and Zip Code)		
For fu	rther information concerning this matte	, please call:	
Deni	ise Powers	at ( 305 ) 444-5100	
	(Name of Contact Person)	(Area Code & Daytime Teleph	one Number)
Enclos	sed please find a check made payable to	the Florida Department of Sta	te for:
	\$25 Filing Fce	\$55 Filing Fee &	
		Certified Copy	•
STRE	ET/COURIER ADDRESS:	MAILING ADI	DRESS:
Regist	ration Section	Registration Sec	tion
	on of Corporations	Division of Corp	orations
	n Building	P.O. Box 6327	
	Executive Center Circle	Tallahassee, Flor	rida 32314
Tallah	assee, Florida 32301		



#### FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

### 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 of State is: Glo	limited liability company as bbal Adjusters, LLC	it appears on the records of	the Florida Department
2. This limited liab	oility company was organized	d under the laws of:	
3. The Florida doc L0500010	_	f this limited liability compar 	ny is:
4. I, Alberto Diaz  (Print Name of Person Resigning)		, hereby resign as a Mo	GRM (Print Title)
	bility company and affirm th	e limited liability company h	
Signature of Res	igning Member, Managing M	1ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		