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OCT 22 2015 J SHIVERS

COVER LETTER

Division of Corporations		
SUBJECT: GVS HOME EXCHANGE L		
(Name of Lim	ited Liability Co	ompany)
The enclosed member, resignation or dissoci	ation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
ENRIQUE VASSEUR		
(Contact Person)		
(Firm/Company)		_
5800 SW 127 AVENUE APT 2306		
(Address)		_
MIAMI, FL 33183-1453		
(City/State and Zip Code)		
For further information concerning this matt	er, please call	l:
ENRIQUE VASSEUR	305 at (283-2354
(Name of Contact Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)



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)

	he limited liability company as VS HOME EXCHANGE LLC	it appears on the records of the Flor	rida Department
2. The Florida d	_	ssigned to this limited liability comp	any is:
		igned or will withdraw/resign is:	n/30/15
MGRM	nt Name of Person Resigning)	, hereby withdraw/resign as a	15 OC SECRE ALLAH
of this limited resignation in		ne limited liability company has been	OCT 22 SMII: 400 REIARY FED FLORID,
	Dissociating Member or Resig	ning Manager	AUE.
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)