## #[ 1100002079/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





500224850445

03/19/12--01009--005 \*\*25.00

SECRETARY OF STATE

K.SALY EXAMINER MAR 21 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: GDF & Associates, LLC (Name of Limited Liability Company)				
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for			
Please return all correspondence concerning the	is matter to:			
Jose M. Garcia				
(Contact Person)				
GDF & Associates, LLC				
(Firm/Company)				
6527 Coral Way	· · · · · · · · · · · · · · · · · · ·			
(Address)				
Miami, FL 33155				
(City/State and Zip Code)				
For further information concerning this matter,	please call:			
Jose M. Garcia	305 ) 905-5154			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to t	he Florida Department of State for:			
✓ \$25 Filing Fee	\$55 Filing Fee &			
<del></del>	Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Cliffon Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				

CR2E079 (5/06)



FILED

12 MAR 19 PM 1: 43

SECRETARY OF STATE
FALLAHASSEE, 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	e limited liability company as	it appears on the records	of the Florida Department
of State is: GI	DF & Associates, LL	<u>.C</u>	
2. This limited liab	oility company was organized	under the laws of:	
Miami, Fl			
		•	
der en 11 1	.,	.,,	
	ument/registration number of	this limited liability con	ipany is:
L110000	20791	·	
. Andres F	. Fernandez		MGRM
· — — — — — — — — — — — — — — — — — — —	vame of Person Resigning)	, hereby resign as a	(Print Title)
	bility company and affirm the	limited liability compar	, , ,
resignation in wr	<i>_</i>	, ininica naomity compar	ly has occil notified of my
1/			
Att	The	<b>&gt;</b>	
Signature/of Res	igning Member, Managing M	einber or Manager	
	-0		
Filing Fee:	\$25.00 (Required)		
Certified Conv:	\$30.00 (Optional)		