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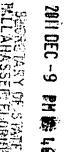
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|---|--|--|--|--|--|
| (Requestor's Name) | | | | | |
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| (Olty/Otate/Zip/) Hone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| A. LUNT | | | | | |
| DEC 12:2011 | | | | | |
| EXAMINER | | | | | |

Office Use Only



000214848600

12/09/11--01012--027 **25.00



COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: GLOBAL REPAIR SYSTEMS DEVELOPMENT, L.L.C. (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: JOSE SALAMANCA 1 (Contact Person) GLOBAL REPAIR SYSTEMS DEVELOPMENT, L.L.C. (Firm/Company) 12901 SW - 31ST CT (Address) MIRAMAR, FL. 33027 (City/State and Zip Code) For further information concerning this matter, please call: JOSE SALAMANCA (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & \$25 Filing Fee Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: **Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (5/06)





2011 DEC -9 PM 12 VI

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: GLOBAL REPAIR SYSTEMS DEVELOPMENT, L.L.C. | | | | | |
|--|--|----------------|------------|------------------|--|
| 2. This limited liabiling FLROIDA | ty company was organized | under the laws | of: | | |
| 3. The Florida document/registration number of this limited liability company is: L11000028613 | | | | | |
| 4. I, DAVID SALAMANCA (Print Name of Person Resigning) | | , hereby res | ign as a M | GR (Print Title) | |
| of this limited liabil resignation in writing | ity company and affirm the | | _ | · ´ | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | STATE | OF FL | .OILIDA | |

CR2E079 (5/06)

COUNTY OF BROWARD

SUBSCRIBE BEFORE ME

MAURICIO CAVIEDES
MY COMMISSION # DD 953057
EXPIRES: January 18, 2014
Bonded Thru Notary Public Underwriters