11100031405

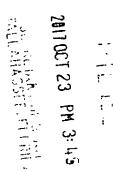
(F	Requestor's Name)	
(A	Address)	 .
(/	Address)	
((City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
3)	Business Entity Name)	 . .
	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	

Office Use Only



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K. SALY OCT 24 2017

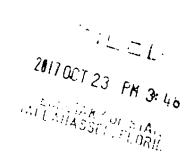
COVER LETTER

TO: Registration Sect Division of Corp			
SUBJECT: ALL GSM		ted Liability Con	unany)
The enclosed member, re		•) are submitted for filing.
			, are parameter to thing.
Please return all correspo	machee concerning t	ms matter to.	
ROSSANA VITERI			
(C)	ontact Person)		_
ALL GSM LLC			
(Fi	rm/Company)		-
12111 SW 113 AVE			
(Address)		-
MIAMI, FL 33176			
(City/S	itate and Zip Code)	,	-
For further information of Rossa NA	oncerning this matte	r, please call:	
ROSSNA VITERI		786 at (395-1138
(Name of Conta		(Area Code	& Daytime Telephone Number)
Enclosed please find a ch ■ \$25 Filing Fee	neck made payable to		Department of State for: Fee & Certified Copy
STREET/COURIER A Registration Section Division of Corporations Clifton Building			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center C Tallahassee, Florida 3230			Tallahassee, Florida 32314

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is: ALL		appears on the records of the Florida Depart	ment
2. The Florida doc L 110000314	-	gned to this limited liability company is:	
3. The date this m	ember/manager withdrew/resign	ned or will withdraw/resign is:	
LANGE CON	ITEDI	hereby withdraw/resign as a	
MEMBER			
	(Print Title)		
of this limited liaresignation in w	ability company and affirm the l	imited liability company has been notified of	f my
Signature of I	issociating Member or Resignit	ng Manager	
	1	1	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		