L110000049496

(Re	questor's Name)			
(Ad	dress)			
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resignation of MGR

05/08/15--01013--028 **25.00



DR 5/19/15

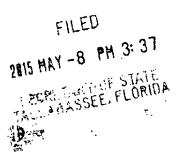
COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Global Solutions Stuffing, LC (Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Melsa Santos (Contact Person)				
Global Solutions Stuffing, LLC				
3627 amelia Island Lane				
Davice H. 33328 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Nelsa Santos at (786) 457 486 9 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \square\$ \$\square\$ \$\sq				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

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)

			rds of the Florida Department
of State is: 6	lobal Solutions	Staffing	LLC
	nent/registration number assi	O •	
L1100Q	H9496		
3. The date this mem	ber/manager withdrew/resig	ned or will withdrav	v/resign is: 3/31/2015
4. I, <u>UM</u> (U14S - MUATINE 2 ne of Person Resigning)	hereby withdraw	w/resign as a
<u> </u>	Muyer		
of this limited liabil resignation in writing		limited liability com	pany has been notified of my
X (Inn)	Ville_		· .
Signature of Diss	ociating Member or Resignia	ng Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		