## LISCOCCO 7990

Office Use Only



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NPR 17 PH 12: 42

SECRETARY OF STATE
SHARKSHE FI ORIDA

D. SCOTT APR 1 9 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: 305 GLOBAL SERVICES LLC			
(Name of Limited	1 Liability Co	ompany)	
The enclosed member, resignation or dissociati	on and fee	(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to	<b>:</b>	
AMANDA SANCHEZ VALINO			
(Contact Person)		TAL TAL	<b>3</b>
		CRET	APR.
(Firm/Company)		ARY ASSE	17
9110 SW 137 AVE # 216		프로 프	PH 12: 42
(Address)			2 42
MIAMI, FL 33186		25	,0
(City/State and Zip Code)		_	
For further information concerning this matter,	please call	:	
AMANDA SANCHEZ VALINO	786	424-4928	
(Name of Contact Person)	\	le & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee		Department of State for: ng Fee & Certified Copy	
STREET/COURIER ADDRESS:		*MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations 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)

of State is: 305 GLOBAL SERVICES LLC  2. The Florida document/registration number assigned to this limited liability company, is: 5  L15000067990	1. The name of th	e limited liability company as i	it appears on the records of the	Florida Departmento
L15000067990	305	· · · · · · · · · · · · · · · · · · ·		TARRY ASS
03/20/2017			signed to this limited liability o	company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/20/2017	3. The date this m	ember/manager withdrew/resig	gned or will withdraw/resign is	03/20/2017 s:
4. I, DIANA MARCELA CASTANO (Print Name of Person Resigning), hereby withdraw/resign as a	4. I, DIANA MAF	RCELA CASTANO	, hereby withdraw/resign a	as a
(Print Name of Person Resigning)  MANAGER		Name of Person Resigning)		
(Print Title)		(Print Title)		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.			limited liability company has	been notified of my
Signature of Dissociating Member or Resigning Manager	Signature of E	Dissociating Member or Resign	ing Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	_	` • • · · · · · · · · · · · · · · · · ·		