

# L15000147572

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2015 OCT 12 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 13 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPEN SKY GSA LLC  
(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:

GILLES HURTAUD

(Contact Person)

(Firm/Company)

1666 SW 29<sup>th</sup> Avenue

(Address)

MIAMI, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

GILLES HURTAUD

(Name of Contact Person)

at ( 786 ) 382 17 14

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2015 OCT 12 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: OPEN SKY GSA LLC

2. The Florida document/registration number assigned to this limited liability company is:

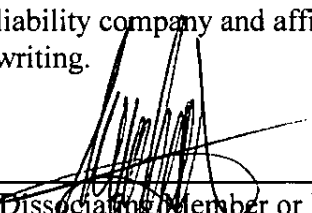
L15000147572

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/02/2015

4. I, GILLES HURTAUD, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)