

L16000001645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

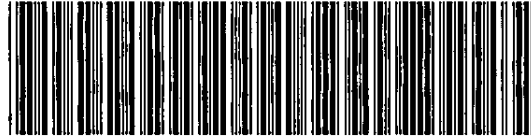
(Business Entity Name)

(Document Number)

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08/08/16--01017--019 \*\*25.00

AUG 09 2016  
S. YOUNG

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TALLAHASSEE, FLORIDA  
16 AUG -8 PM 12:33

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLS DIVERSITY STAFFING, 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:

IVETTE SANCHEZ  
(Contact Person)

KASBAR, SANCHEZ & DELUCIA  
(Firm/Company)

3880 SHERIDAN STREET  
(Address)

HOLLYWOOD, FL 33021  
(City/State and Zip Code)

For further information concerning this matter, please call:

RON GREEN at 954 504-0082  
(Name of Contact Person) (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

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GLS DIVERSITY STAFFING, LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L16000001645

3. ~~The date this member/manager withdrew/resigned or will withdraw/resign is:~~ 8-2-16

4. I, RONALD WILLIAMS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG -8 PM 12: 34