17000250395

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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TO:

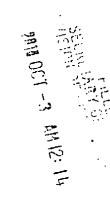
CR2E079 (2/14)

Registration Section

Division of Corporations Global Appraisal Solutions of Florida, 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: Laurence Holzer (Contact Person) Global Appraisal Solutions of Florida, LLC (Firm/Company) 1497 Main Street, Suite 210 (Address) Dunedin, FL 34698 (City/State and Zip Code) For further information concerning this matter, please call: Laurence Holzer 7274247367 (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: MAILING ADDRESS: **Registration Section Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301







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: Glob	al Appraisal Solutions of Flo	orida, LLC
2. The Florida docu L17000250395		gned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigr	ned or will withdraw/resign is:
4. I. Alexander Ho	olzer ame of Person Resigning)	, hereby withdraw/resign as a
Member		
	(Print Title)	
of this limited lial resignation in wri		imited liability company has been notified of my
Signature of Di	ssociating Member or Resignir	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	