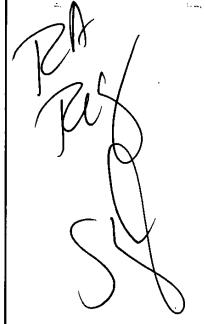
F0/00019214

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Name)
(Do	ocument Number)	*
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	,	
	i	
·	Office Use Only	



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PH. TUS 14 PH 3: 45
SECRETARY OF STATE
SECRETARY OF STATE



CT 111 Eighth Avenue New York, NY 10011

212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

August 3, 2006

RE: GLOBCOM, INC. (IL. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is $\underline{1}$ check in the amount of $\underline{\$87.50}$ to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:ld Enclosure RPP August 3, 2006

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C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:ld Enclosure RPP

RESIGNATION OF REGISTERED AGENT AUG 14 PM 3: 44 FOR A CORPORATION SECRETARY OF STATE TALLAHASSEE. FLORIDA

ruisuant to the provisions of sections of	07.0302(2), 017.03	02(2), 607.1309, 0F 617.1309,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM (Name of Registered Agent)	
,		
hereby resigns as Registered Agent for	GLOBCOM, INC.	
	(Name of Corporation)	
F01000001924		
(Document Number, if known)	<u> </u>	
A copy of this resignation was mailed t	o the above listed co	orporation at its last known addres
The agency is terminated and the office this statement is filed.	discontinued on the	
If signing on behalf of an entity:	guature of Resigning A	gent)
C T CORPORA	FION SYSTEM - TH	ERESA ALFIERI
	Typed or Printed Name	e)
AS	SISTANT SECRETA	ARY
	(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314