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| (Requestor's Name) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
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NAME: GLOBAL STABILIZATION LLC

TYPE OF FILING: DISSOCIATION / RESIGNATION

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| TO: | | stration Section sion of Corporations | | | | | | |
|--|---|---|--------------|-------------|---|--|--|--|
| SURI | ECT: | Global Stabilization LL | C | | | | | |
| 5520 | (Name of Limited Liability Company) | | | | | | | |
| The er | nclosed | d member, resignation or o | dissociatio. | n and fee(s | a) are submitted for filing. | | | |
| Please | e returr | all correspondence conce | erning this | máttér to: | | | | |
| Bruce | e Cou | lthard | | | ~ | | | |
| | | (Contact Person) | | • | | | | |
| Glob | al Sta | bilization LLC | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | (Firm/Company) | | | - | | | |
| c/o 1 | 115 P | eppertree Circle | | | <u></u> | | | |
| | | (Address) | | | | | | |
| St. H | lelena | , CA 94574 | | | | | | |
| | | (City/State and Zip Code | ε) | | _ | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| Bruc | e Cou | lthard | at | 707- | 287-6111 | | | |
| | (1) | 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 & Certified Copy | | | | | | | | |
| Regis Divis Clifto 2661 | stration sion of on Buil Execu | COURIER ADDRESS: Section Corporations ding tive Center Circle Florida 32301 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |

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)

| | pal Stabilization LLC | | · |
|---------------------|--|-------------------------------------|---------------------|
| 2. The Florida doci | | ssigned to this limited liability c | company is: |
| 3. The date this me | mber/manager withdrew/res | signed or will withdraw/resign is | July 5, 2017 |
| Milliam Stay | one | , hereby withdraw/resign a | |
| (Print N | ame of Person Resigning) | | |
| Member and | Manager | | |
| | (Print Title) | | |
| resignation in wr | iting. | he limited liability company has | heen notified of my |
| Signature of Di | ssociating Member or Resig | gning Manager | |
| | \$25.00 (Required) \$30.00 (Optional) | | 17 JUL 1 |