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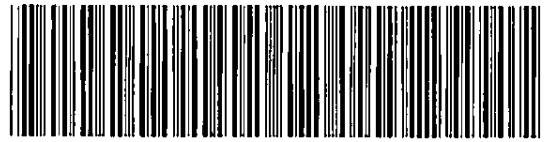
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J.Dennis 07/09/2024



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2024 APR -1 AM 8:22  
TALSON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Global GSM & Wireless, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Donlin  
\_\_\_\_\_  
Name of Person

Global GSM & Wireless, LLC  
\_\_\_\_\_  
Name of Firm/Company

12901 SW 15th Court, Unit V401  
\_\_\_\_\_  
Address

Pembroke Pines, FL 33027  
\_\_\_\_\_  
City/State and Zip Code

mikeysandrita@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Donlin at ( 361 ) 548-7293  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael Donlin

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Global GSM & Wireless, LLC

\_\_\_\_\_  
Name of Limited Liability Company

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

2024 APR - 1 AM 8:22  
SECTION 605.0115  
TALLAHASSEE, FLORIDA

FILED

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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