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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Regi	istration Section		
Divi	sion of Corporations		
SUBJECT:	Global Information Provid	lers LLC	
		Limited Liability Con	npany)
The enclose	d member, resignation or diss	ociation and fee(s)) are submitted for filing.
Please return	n all correspondence concerni	ng this matter to:	
Lindsay M	oore		
	(Contact Person)	\	-
Wyoming (Corporate Services, Inc		
	(Firm/Company)		-
1712 Pion	eer Ave		
	(Address)		-
Cheyenne	WY 82001		
	(City/State and Zip Code)		-
For further i	information concerning this m	atter, please call:	
Lindsay M	oore	307	632-3333
1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed pleased \$25 Filin	ease find a check made payabl g Fee		repartment of State for: Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Division of Clifton Buil	Corporations		Division of Corporations P.O. Box 6327
	tive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301





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)

I The name of the	limited liability company as it appears on the records of the Florida Department
	pal Information Providers LLC
	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, <u>-</u>	ABC Consulting LLC, hereby withdraw/resign as a
Manager	ame of Person Resigning)
	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
<u>UNDESELJY</u> Signature of Di	none of School Pitty ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)