(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	пе)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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L. SELLERS

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EXAMINER

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COVER LETTER

TO:

TO: Registration Division of 0			
SUBJECT: Globa			
	(Name of For	eign Limited Liability C	Lompany)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	ed for filing.	
Please return all corre	espondence concerning this	matter to the following	:
Colleen Sonntag	*		
	(Name of Person)		
Globalterra, LL0			
	(Firm/Company)		
3749D Gulf Bre	eze Pkwy #187		
	(Address)		
Gulf Breeze, FL	32563		
	(City/State and Zip Cod	e)	
For further information	on concerning this matter, p	elease call:	
Justin Sonntag		at (850)	712-2261
(Na	me of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of C Clifton Build 2661 Execut Tallahassee,	Corporations ling ive Center Circle Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Z \$25 Filing Fee	for the following amount: \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Globalterra, LLC
(Name of limited liability company)
State of Wyoming
(Jurisdiction of its organization)
M0900003736
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
3749D Gulf Breeze Pkwy #187
(Mailing address)
Gulf Breeze, FL 32563
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
O I I
Colleen Sonntag
(Typed or printed name of signee)

Filing Fee: \$25.00

10 APR 28 PH 12: 24
SECRETARY OF STATE
TALLAHASSEF, FLORIDA