

LD4000059411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN 20 2008

EXAMINER



000131385650

06/19/08--01009--017 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUN 19 PM 12:30

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GLOBAL RESEARCH GROUP, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L04000059411

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:

Sonializ Negron

(Name of Person)

Law Offices of Kravitz & Guerra, P.A.

(Name of Firm/Company)

800 Brickell Avenue , Suite 701

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Sonializ Negron

(Name of Person)

at (305) 372-0222

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Law Offices of Kravitz & Guerra, P.A., hereby resigns as
(Name of Registered Agent)

Registered Agent for GLOBAL RESEARCH GROUP, LLC

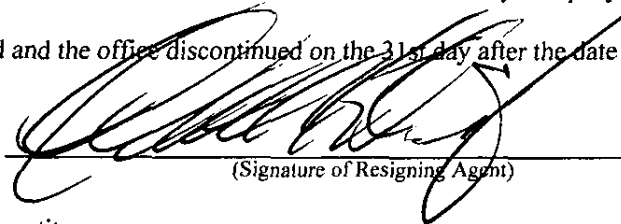
(Name of Limited Liability Company)

L04000059411

(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUN 19 PM 12:30

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