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Mindrawal Mas/S/ID

COVER LETTER

	Amendment Section Division of Corporations
SUBJE	CT: Global Services, Inc. d/b/a Global Services Network, Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: F01000004264
The end	closed withdrawal application and fee are submitted for filing.
	return all correspondence concerning this to the following:
	Joanne Jacobs c/o Nicky Seaton
	(Name of Person)
	Global Services, Inc.
	(Firm/Company)
	5360 College Blvd.
	(Address)
	Overland Park, KS 66211
	(City/State and Zip code)
For fur	ther information concerning this matter, please call:
Norm	an Jacobs at (816) 941-0297
	(Name of Person) (Area Code & Daytime Telephone Number)

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

.APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Global Services, Inc. d/b/a Global Services Network, Inc.

Global Services, Inc. d/b/a Global Servi	ces Network, Inc.
(Name of Corporation	10 LECAR
F01000004264	3 3 3 3 3 3 3 3 3 3
(Document Number of Corporation	n (if known)
The State of Kansas	n (if known)
(Incorporated Under Law	s of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	•
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in Fl	ss based on a cause of action arising during the
The following is a current mailing address for the corporation:	
5360 College Blvd.	
(Mailing Address)	
Overland Park, KS 66211	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	ture of any change in its mailing address.
Jank	4/23/10
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Norman Jacobs	Treasurer/Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35