F15000002249

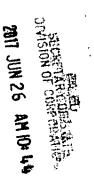
(Requ	estor's Name	
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PICK-UP		MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Fil	ing Officer:	· · · · · · · · · · · · · · · · · · ·

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COVER LETTER

Division of Corporations
SUBJECT: CW GLOBAL SOLUTIONS INC.
(Name of Corporation) DOCUMENT NUMBER: F15000002249
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amanda Archambault
(Name of Person)
National Corporate Research, LTD.
. (Name of Firm/Company)
850 New Burton Rd Suite 200
(Address)
Dover, DE 19904
(City/State and Zip Code)
For further information concerning this matter, please call:
Amanda Archambault 866 621-3524 ext. 3041

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

(Area Code & Daytime Telephone Number)

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

(Name of Person)

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314



RESIGNATION OF REGISTERED A BENUN 26 AM 10: 46 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, National Corporate Research, LTD.
(Name of Registered Agent)
hereby resigns as Registered Agent for CW GLOBAL SOLUTIONS INC.
(Name of Corporation)
F15000002249
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.
A Archambaut (Signature of Resigning Agent)
If signing on behalf of an entity:
Amanda Archambault
(Typed or Printed Name)
Assistant Secretary
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations



The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan Fyne
(Name of Person)
Dinnall Fyne & Company Inc.
(Name of Firm/Company)

1515 N University Dr., Suite 101

(Address)

Coral Springs, FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan Fyne at 954 340-5696
(Name of Person) (Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

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