

L000000001576

(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



100014060071

03/17/03--01040--007

03/17/03--01040--007 **85.00

CLERK OF STAFF
11 A HASSE, FLOREN

03 MAR 21 AM 10:29

FILED

10000000001
3-21-03
388
51000000000
MAR 21 2003
Clerk

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GLOBAL DEVELOPMENT GROUP, L.C.
(Name of Limited Liability Company)

DOCUMENT NUMBER: L00000001576

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:

Edward Paul Kreiling, Esq.
(Name of Person)

ROSEN, KREILING & EICHNER, P.A.
(Name of Firm/Company)

2500 Weston Road, Suite 220
(Address)

Weston, Florida 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Paul Kreiling at (954) 384-1851
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

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,

DAVID ORTIZ

(Name of Registered Agent)

, hereby resigns as

Registered Agent for GLOBAL DEVELOPMENT GROUP, L.L.C.

(Name of Limited Liability Company)

L000000001576

(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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR 21 AM 10:29

FILED

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withdrawn limited liability company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