L01000002879

| (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: |
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| |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | • |
|---|--|
| SUBJECT: | UISORY SERVICES, LL |
| The enclosed member, resignation or dissociation and | I fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | er to: |
| ELIZABETH TOWNSEN C | |
| LLKGbbel ADU. Serv. 2 (Firm/Company) | <u>//</u> _ |
| 3269 L290 De To/2ver | 2016 SEP SECNETALLAHA TALLAHA |
| Wellington, FC 3340 (City/State and Zip Code) | SSEE/FL ARY OF S |
| For further information concerning this matter, please | call: |
| ELIZABETH Townsen d at (5) (Name of Contact Person) (Area | Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Flor \$25 Filing Fee \$55 Filing Fee | rida Department of State for: Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations | MAILING ADDRESS: Registration Section Division of Corporations |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the | limited liability company | as it appears on the re | ecords of the Flo | orida Depar | tment |
|--------------------------------|--|--------------------------|-------------------|--------------|-------|
| of State is: $\angle \angle$ | KGlobel AS | UISORY Serv | vices, LLC | | · |
| 2. The Florida docu | ument/registration numbe | r assigned to this limit | ted liability com | pany is: | |
| 101000 | 002879 | · | | | |
| 3. The date this me | mber/manager withdrew/ | resigned or will withd | raw/resign is: | 7/2/20 | XG |
| 1_ / | ame of Person Resigning) | | | | |
| mgr | (Print Title) | - | | | |
| resignation in wr | bility company and affirmiting. ssociating Member or Re | | ompany has bee | n notified o | of my |
| // | | ~-BB | | TA. | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | (| CLAHASSE - 8 | |
| | | | 7.F.E.O | A | |