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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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O7 MAR 28 AM 10: 16
SECRETARY OF STATE
ALLAHASSEE FLORING

N. Carilleans HAR 2 9 2007

- COVER LETTER

TO: Registration of Division of	on Section of Corporations		
SUBJECT: Glo	bal Assets Advisors,		
	(Name of Li	imited Liability Company)	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	rrespondence concerning this matte	r to the following:	
	Hope L. Newsom	ne	
	(Name of Person)	
	International Asset		****
	ı	(Firm/Company)	
	300 S. Orange Av		
		(Address)	
	Orlando, FL 3280		
	(City	/State and Zip Code)	
For further informa	ation concerning this matter, please	call:	
<u>Hope</u>	L. Newsome	at (<u>407</u>) <u>254</u> . (Area Code & Daytim	-1516
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	e limited liability company as it appears on the records of the Florida Dep	artment
of State is: IN	nternational Assets Advisory, LLC	
01 Billio 15. <u></u>		,
2. This limited liab	pility company was organized under the laws of:	
Ploric	da	
1 10/10		
3. The Florida docu	cument/registration number of this limited liability company is:	
TANKE L	_01000012319_	
4.1. Michael	Vame of Person Resigning), hereby resign as a Hanager	_
(Print N	Name of Person Resigning) (Print Title)	
of this limited liab resignation in wri	ability company and affirm the limited liability company has been notified riting.	d of my
of		
Signature of Resi	signing Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	