L01000022273

(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



700120516147

03/19/08--01013--011 **85.00

08 MAR 19 PH 1:29
SECRETARY OF STATE
SECRETARY OF STATE

R.A. Resign

COVER LETTER

Division of Corporations
SUBJECT: Glasgow Globe, LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L01000022273
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:
Marla R. Mayster (Name of Person)
Hodgson Russ LLP (Name of Firm/Company)
1801 N. Military Trail, Suite 200 (Address)
Boca Raton, FL 33431 (City/State and Zip Code)
For further information concerning this matter, please call:
Marla R. Mayster (Name of Person) at (561) 862-4126 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building - 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.4:	16(2) or 608,509, Florida	Statutes, the undersigned,	
HRAWG Corp.		, hereby resigns as	
(Name of Registered /	Agent)	, , , , , , , , , , , , , , , , , , , ,	
Registered Agent for Glasgow GI	obe, L <u>L</u> C		
(Name of	Limited Liability Company)	-	<u> </u>
L01000022273			
(Document Number, if known)	· -		
A copy of this resignation was mailed to the	e above listed limited liab	oility company at its last knowr	address.
The agency is terminated and the office disc	continued on the 31st day (Signature of Resigning A		atement is filed.
If signing on behalf of an entity:	<u>~</u> <u>~</u> .		型。一
James M.			SSEE THE
Vice Presi			0 1 1 29
	(Capacity)		6F

\$ 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withdrawn limited liability company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