

L02000033448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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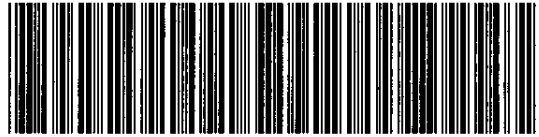
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

17 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GLOBAL MEDICAL RESEARCH, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L02000033448

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:

JEFFREY KAPLAN  
Name of Person

KAPLAN LAW FIRM, P.L.  
Name of Firm/Company

130 REMINGTON DR., SUITE 1000  
Address

OVIEDO, FL 32765  
City/State and Zip Code

JKAPLAN@KAPLANLAWFIRM.US  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF KAPLAN at ( 407 ) 706-6700  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

## 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,

JEFFREY L. KAPLAN

, hereby resigns as

Name of Registered Agent

Registered Agent for GLOBAL MEDICAL RESEARCH, LLC

Name of Limited Liability Company

L02000033448

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

**FILED**  
**09 NOV 16 PM 12:31**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

### **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**