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(Re	questor's Name)				
(Ad	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)	 			
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1133/02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Net Branch Solutions UC

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Contact Person)

(Firm/Company)

(Address)

For further information concerning this matter, please call:

(Name of Contact Person) at (813) 8426916 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\infty\$ \$55 Filing Fee &

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

1130/02/3



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 li	imited liability company	as it appears on the records of t	he Florida Depar	tment
2. This limited liabil	ity company was organiz	zed under the laws of:		
3. The Florida documents of the Florida docume	ment/registration number 00024905	of this limited liability compands		ing membe er
		the limited liability company h	(Print Title)	
Signature of Resig	fluffeld ning Membel, Managing	Member or Manager		FILE VAN 25 A
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)) STATE	AH II: OL