L04000042032

(Re	equestor's Name)	
(Ac	dress)	
, (Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	,
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

ex Res.

TRANSMITTAL LETTER

SUBJECT: Global Interamerican Realty, LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
DOCUMENT NUMBER: <u>L040000 42032</u>
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:
Raguel Jimenez (Name of Person)
, (change of the control of the cont
Global Interamerican Realty, LLC (Name of Firm/Company)
8000 Governors Square Blvd. suite 101-B
Hiami Lakes, FL - 33016 (City/State and Zip Code)
For further information concerning this matter, please call:
Antonio Bello at (301) 608 7393 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

liability company.

TO:

Amendment Section Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	608.416(2) or 608.509, l	Florida Statutes, the t	undersigned,			
Jorge A. Co	rrea	, hereby	resigns as			
(Name of Reg	gistered Agent)	-	_	,		
Registered Agent for	lobal Inter	american	Realt	4, L	<u>(</u> C	_
(N	lame of Limited Liability Com	npany)			,	
	232					
(Document Number, if known)						
A copy of this resignation was maile	d to the above listed limi	ted liability company	at its last know	wn addre	ess.	
The agency is terminated and the off	Tice discontinued on the 3	1st day after the date	on which this	statemei	nt is fil	ed.
		•				
•	MATS					
	(Signature of Resigning)	Agent)	-			
7		_	:- -			
If signing on behalf of an entity:	4	11		₩.	0	
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FILING FEES:

\$ 85.00
Active limited liability company
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