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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SMITH, HOOD, PERKINS, LOUCKS, STOUT, BIGMAN, LANE, BROCK, PA
Account Number : 120050000189
Phone : (386) 254-6875
Fax Number : (386) 257-1834

REGISTERED AGENT RESIGNATION

GLOBAL MARKET USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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Corporate Filing Menu

Help

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Global Market USA, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L04000069112

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 P. Brock, Esq.
(Name of Person)

Smith, Hood, Perkins
(Name of Firm/Company)

P.O. Box 15200
(Address)

Daytona Beach, FL 32115
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey P. Brock, Esq. at (386) 254-6875
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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 P. Brock, hereby resigns as
(Name of Registered Agent)

Registered Agent for Global Market USA, LLC

(Name of Limited Liability Company)

L04000069112

(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.

If signing on behalf of an entity:

(Signature)
(Signature of Resigning Agent)

Jeffrey P. Brock
(Typed or Printed Name)

Registered Agent

(Capacity)

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

INH817 (08/05)

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