033636

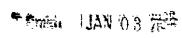
(Re	equestor's Name)	
(Ac	idress)	
(100	ldress)	····
(AC	idiessj	
(Cit	ty/State/Zip/Phone	9 #)
PICK-UP	MAIT	MAIL
/Ru	siness Entity Nar	ma)
(50	ishless Lility Mai	ne)
(Document Number)		
Certified Copies Certificates of Status		s of Status
<u> </u>	·	
Special Instructions to	Filing Officer:	
·		

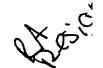
Office Use Only



200062247432

+2/22/05--01016--001 **85,00





TRANSMITTAL LETTER

Division of Corporations
SUBJECT: GLOBAL DAMOND TOOLS, LLC (Name of Limited Liability Company) DOCUMENT NUMBER: LOS 0000 33636
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:
KARLO REYES (Name of Person)
(Name of Person)
· · · · · · · · · · · · · · · · · · ·
(Name of Firm/Company)
167 WEST 23 RD ST. (Address)
\(\frac{1}{2} \)
HIALEAH, FL. 33010 (City/State and Zip Code)
For further information concerning this matter, please call:
KARLO REYES at (786) 357-4914 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

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, ARLO REYES, hereby resigns as (Name of Registered Agent)
Registered Agent for GLOBAL DIAMOND JOOLS, LLC
(Name of Limited Liability Company)
L 050000 33636 (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)

FILING FEES: \$ 85.00 Active \$ 25.00 Admir 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