

L06000095535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

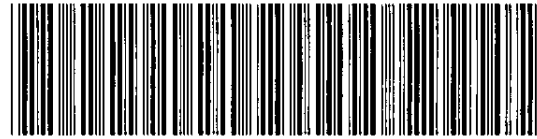
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300160671493

*Resignation
to RA*

09/18/09--01022--020 **85.00

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09 SEP 18 AM 11:17
STATE
DEPT. OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2009 SEP 18 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ADR
9/19/09*

GRAY ROBINSON
ATTORNEYS AT LAW

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FORT LAUDERDALE
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TALLAHASSEE
TAMPA

E-MAIL ADDRESS
jmcFarland@gray-robinson.com

September 18, 2009

VIA HAND DELIVERY

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Global Robotix, LLC
Document Number: L06000095535
Our File No. 585082-3

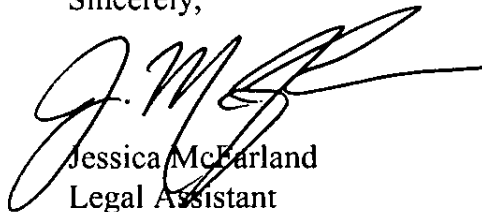
Dear Madam or Sir:

Enclosed please find the **RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY** for **GLOBAL ROBOTIX, LLC**. Please file this document.

This firm's check in the amount of \$85.00 is enclosed. Upon receipt of this request, please date-stamp the copy of this letter attached. Please call me if you have any questions.

Thank you for your assistance in this matter.

Sincerely,


Jessica McFarland
Legal Assistant

Enclosures

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416(2) OR 608.509, Florida Statutes, the undersigned,

William A. Grimm

(Name of Registered Agent)

hereby resigns as Registered Agent

for Global Robotix, LLC

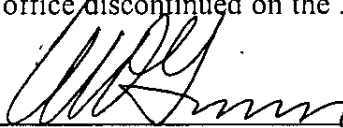
(Name of Limited Liability Company)

L06000095535

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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)

Fee for filing this document:

\$85.00 – Active limited liability company

\$25.00 – Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**